For Immediate Release

DIMERIX PRESENTS AT HEALTHINVEST SUMMIT 2025

MELBOURNE, Australia, 02 April 2025: Dimerix Limited (ASX: DXB), a biopharmaceutical company with a Phase 3 clinical asset in kidney disease, is pleased to advise that CEO & Managing Director, Dr Nina Webster, will be presenting at the HealthInvest Summit 2025 in Sydney on 02 April 2025.

The event is being hosted by Morgans Financial Limited, IR Department and Stockhead, with the aim of showcasing leading and emerging Australian health and life sciences companies.

The 10 minute presentation will cover:

- ACTION3 Phase 3 global clinical trial in FSGS kidney disease status and update
- FDA meeting update
- Commercial opportunity

The presentation is attached to this announcement.

For further information, please visit our website at www.dimerix.com or contact:

Dr Nina Webster
Dimerix Limited
Chief Executive Officer & Managing Director
Tel: +61 1300 813 321
E: investor@dimerix.com

Rudi Michelson
Monsoon Communications
Tel: +61 3 9620 3333
Mob: +61 (0)411 402 737
E: rudim@monsoon.com.au

Follow us on **LinkedIn** and **Twitter**

Authorised for lodgement by the Board of the Company

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About Dimerix

Dimerix (ASX: DXB) is a clinical-stage biopharmaceutical company working to improve the lives of patients with inflammatory diseases, including kidney diseases. Dimerix is currently focussed on developing its proprietary Phase 3 product candidate DMX-200 (QYTOVRA® in some territories), for Focal Segmental Glomerulosclerosis (FSGS) kidney disease, and is also developing DMX-700 for respiratory disease. DMX-200 and DMX-700 were both identified using Dimerix' proprietary assay, Receptor Heteromer Investigation Technology (Receptor-HIT), which is a scalable and globally applicable technology platform enabling the understanding of receptor interactions to rapidly screen and identify new drug opportunities.

About DMX 200

DMX 200 is the adjunct therapy of a chemokine receptor (CCR2) antagonist administered to patients already receiving an angiotensin II type I receptor (AT1R) blocker - the standard of care treatment for hypertension and kidney disease. DMX 200 is protected by granted patents in various territories until 2032, with patent applications submitted globally that may extend patent protection to 2042, in addition to any exclusivity period that may apply in key territories. In 2020, Dimerix completed two Phase 2 studies: one in FSGS and one in diabetic kidney disease, following a successful Phase 2a trial in patients with a range of chronic kidney diseases in 2017. No significant adverse safety events were reported in any trial, and all studies resulted in encouraging data that could provide meaningful clinical outcomes for patients with kidney disease.

About FSGS

FSGS is a rare disease that attacks the kidney's filtering units, where blood is cleaned (called the 'glomeruli'), causing irreversible scarring. This leads to permanent kidney damage and eventual end-stage failure of the organ, requiring dialysis or transplantation. For those diagnosed with FSGS the prognosis is not good. The average time from a diagnosis of FSGS to the onset of complete kidney failure is only five years and it affects both adults and children as young as two years old.[1] For those who are fortunate enough to receive a kidney transplant, approximately 60% will get re-occurring FSGS in the transplanted kidney.[2] At this time, there are no drugs specifically approved for FSGS anywhere in the world, so the treatment options and prognosis are limited.

FSGS is a billion-dollar plus market: the number of people with FSGS in the US alone is just over 80,000,[1] and worldwide about 220,000.[3] The illness has a global compound annual growth rate of 8%, with over 5,400 new cases diagnosed in the US alone each year.[4] Because there is no effective treatment, Dimerix has received Orphan Drug Designation for DMX 200 in both the US and Europe for FSGS. Orphan Drug Designation is granted to support the development of products for rare diseases and qualifies Dimerix for various development incentives including: seven years (FDA) and ten years (EMA) of market exclusivity if regulatory approval is received, exemption from certain application fees, and a fast-tracked regulatory pathway to approval. Dimerix reported positive Phase 2a data in FSGS patients in July 2020.

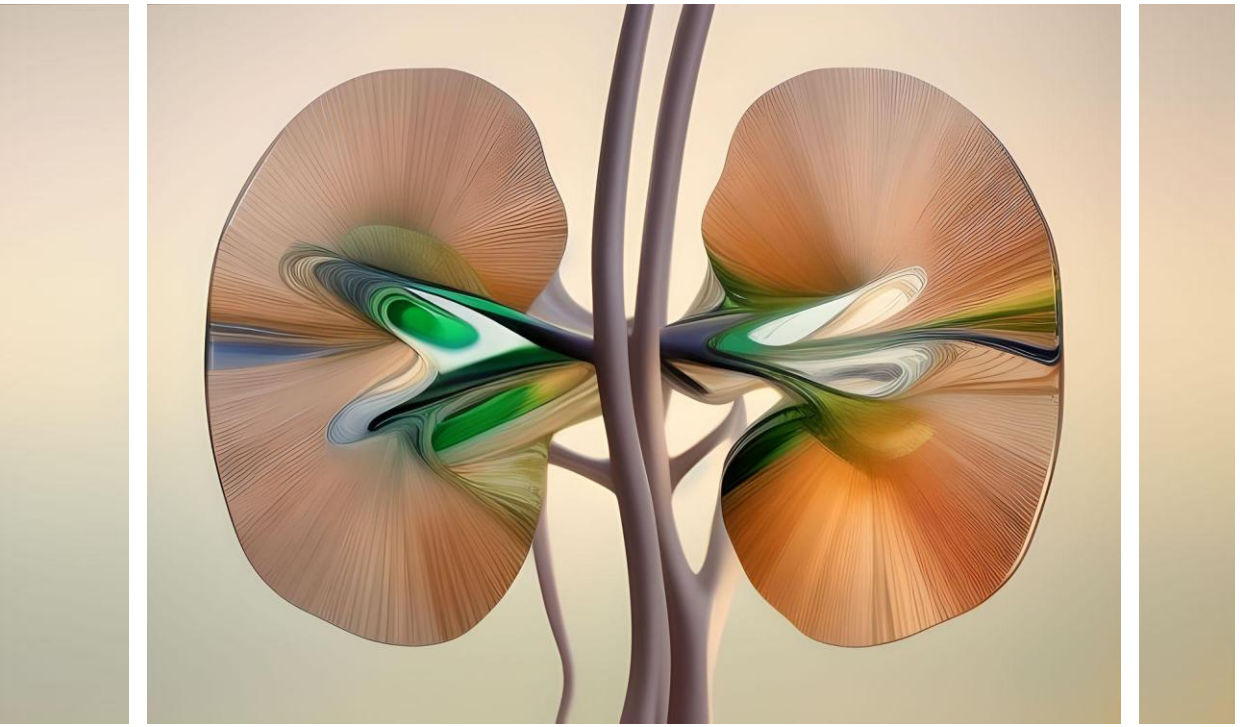
References

1 *Guruswamy Sangameswaran KD, Baradhi KM. (2021) Focal Segmental Glomerulosclerosis), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/*

2 *Front. Immunol., (July 2019) | https://doi.org/10.3389/fimmu.2019.01669*

3 *Delve Insight Market Research Report (2022): Focal segmental glomerulosclerosis (FSGS) – Market Insight, Epidemiology and market forecast – 2032; https://www.delveinsight.com/report-store/focal-segmental-glomerulosclerosis-fsgs-market;*

4 *Nephcure Kidney International (2020); Focal Segmental Glomerulosclerosis, online https://nephcure.org/livingwithkidneydisease/understanding-glomerular-disease/understanding-fsgs/*



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

Dimerix

(ASX:DXB)

HealthInvest Summit

Sydney – 2 April 2025

Authorised for lodgement by the Board of the Company

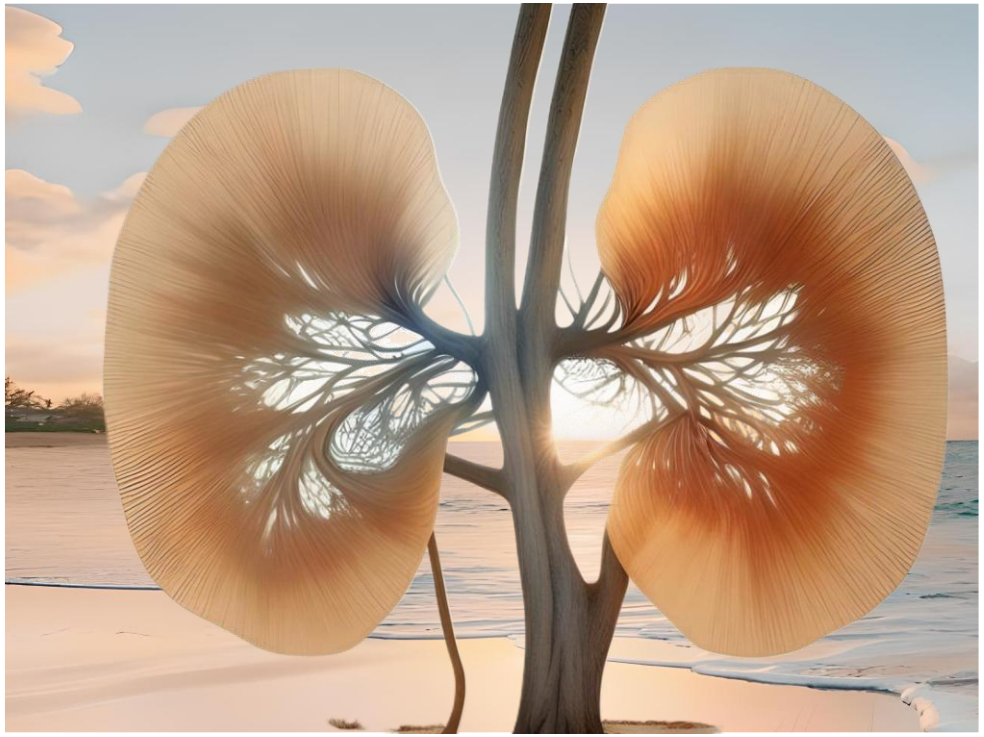
PRESENTED BY: ir department... STOCKHEAD morgans

Forward looking statements

This presentation includes forward-looking statements that are subject to risks and uncertainties. Although we believe that the expectations reflected in the forward looking statements are reasonable at this time, Dimerix can give no assurance that these expectations will prove to be correct.

Actual results could differ materially from those anticipated. Reasons may include risks associated with drug development and manufacture, risks inherent in the regulatory processes, delays in clinical trials, results of clinical trials, risks associated with patent protection, future capital needs or other general risks or factors, along with those factors outlined in the most recent Dimerix Limited Annual Report.

Overview | Phase 3 Global Opportunity



Lead Drug Candidate

- DMX-200 is currently in a **Phase 3 clinical trial** for focal segmental glomerulosclerosis (FSGS)
- DMX-200 has **orphan drug designation** in key territories

FSGS Indication

- FSGS is a **rare 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]
- There are currently **no approved treatments** available to treat FSGS

Commercial and Technical Validation

- **Three commercial licensing deals** achieved**:**
  - ~$458m in total upfront & potential milestone payments + royalties[2]
- **Successful Phase 3 interim analysis**: Analysis showed DMX-200 had performed better than placebo in reducing proteinuria[3]

Dimerix

1. Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/; 2. ASX release 05 October 2023, 27 May 2024 and 07 January 2025; 3. Predictive Power statistical model, using industry standard as set by the independent renal biostatistician consultant for Dimerix, ASX release 11 March 2024

Focal Segmental Glomerulosclerosis (FSGS)

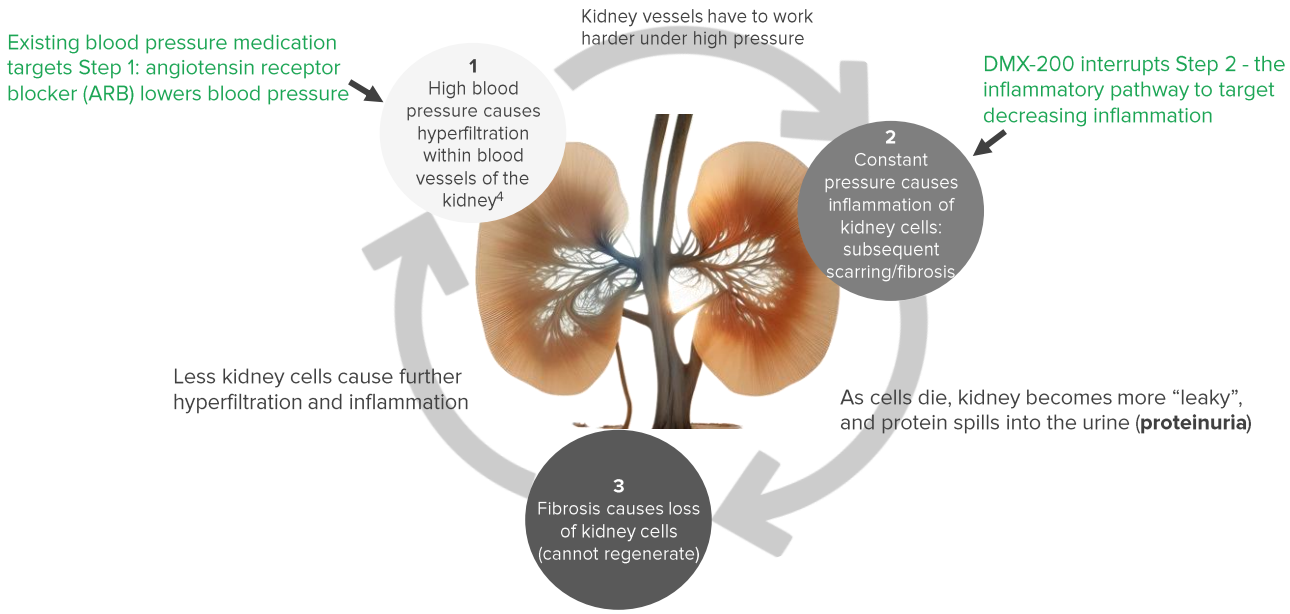
What is FSGS?

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

How do you measure kidney function?

- Historically, measured using “hard” endpoints for kidney disease (kidney failure) -which may not be reached for decades[1]
- Regulatory agencies and national bodies now consider estimated glomerular filtration rate (eGFR) and proteinuria decline as surrogate end points for kidney failure in certain conditions[2]

FSGS Kidney Damage[3]



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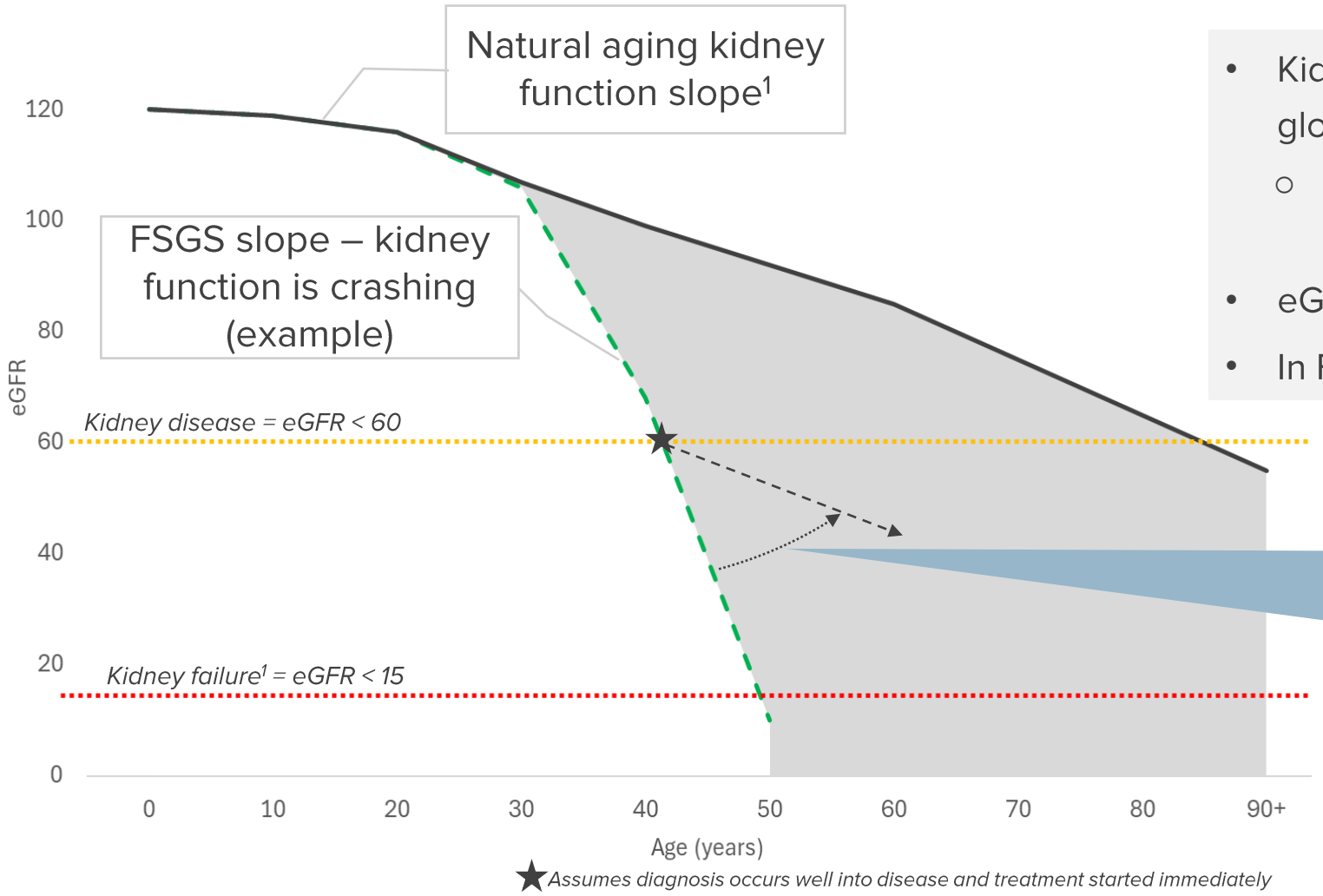
1. Hartung E, (2015), Pediatric Nephrology volume 31, pages381–391 DOI: 10.1007/s00467-015-3104-8; 2. Thompson A et al, (2019) Am J Kidney Dis.; 75(1):4-5: doi.org/10.1053/j.ajkd.2019.08.007; 3. Nephcure FSGS living with the disease (2024) at https://nephcure.org/livingwithkidneydisease/ns-and-other-glomerular-diseases/understanding-fsgs/ ; 4. Lewis, E. J. et al. (2001), New Engl J Medicine 345, 851–860; 5. Rare Disease Information Center: Number of recipients of special medical expenses (designated intractable disease) certificates: https://www.nanbyou.or.jp/entry/5354

Significance of stabilising eGFR curve: primary endpoint



- Kidney function can be measured using estimated glomerular filtration rate (eGFR):
  - how many millilitres of blood is filtered by the kidney per minute
- eGFR slope naturally declines as we age[1]
- In FSGS patients, it is crashing

Treatments, such as DMX-200, aim to bring the FSGS slope back up towards that which occurs with natural aging:

- This can add years to the life of the kidney
- Potential to delay dialysis and/or kidney transplant

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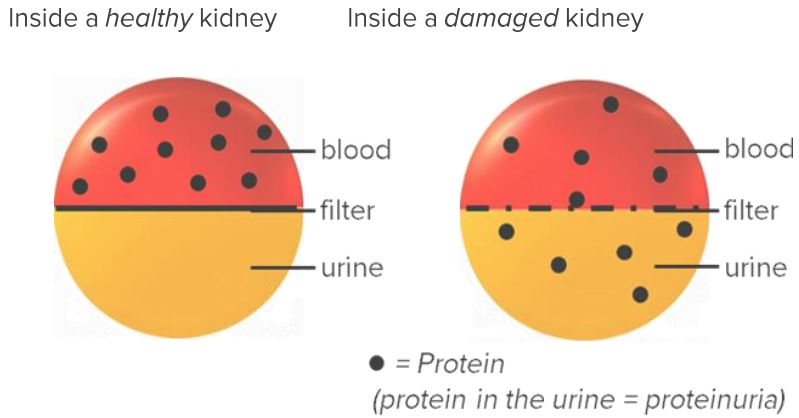
1. National Kidney Foundation: Estimated Glomerular Filtration Rate (eGFR): https://www.kidney.org/atoz/content/gfr

Significance of decreasing proteinuria: primary endpoint

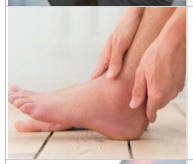
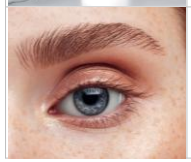
Why are kidneys important?

- A healthy kidney is a good filter and allows little to no protein in the urine[1]



- When kidneys are damaged, protein can leak into the urine causing proteinuria
- Proteinuria represents an important early marker of kidney function[2]

Symptoms of proteinuria

	More frequent urination		Shortness of breath
	Nausea and vomiting		Tiredness
	Swelling in the face, stomach, feet and/or ankles		Lack of appetite
	Muscle cramping at night		Foamy or bubbly urine
	Puffiness around the eyes, especially in the morning		

DMX-200 aims to reduce the inflammation of the kidneys:

- ➢ if DMX-200 reduces inflammation, the amount of proteinuria should decrease

Dimerix

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

ACTION3 phase 3 clinical trial – next steps

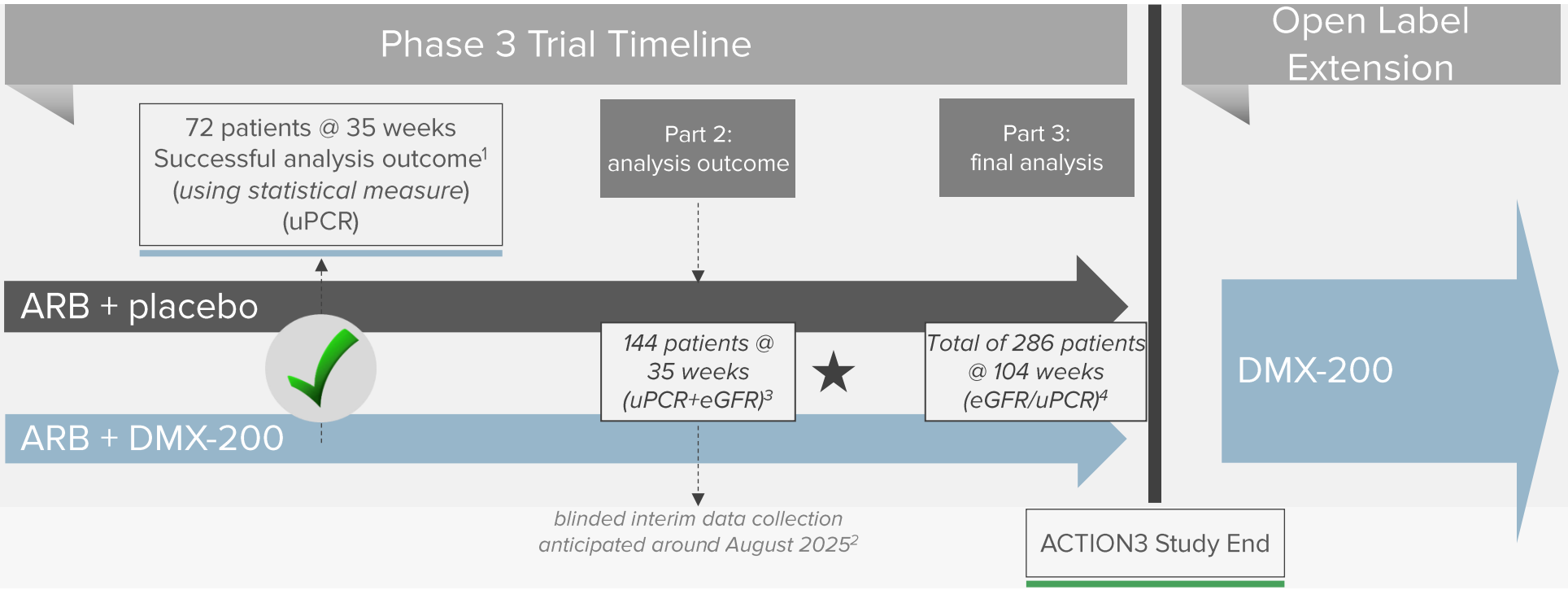
FSGS CLINICAL STUDY

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 submit for conditional marketing approval [3]*

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1. Interim Phase 3 analysis data does not guarantee a statistically significant outcome at the end of the trial, ASX release 11 March 2024; 2. ASX release 30 December 2024 and subject to FDA feedback; 3. The potential for accelerated (or conditional) approval submissions, following the second interim analysis and any required unblinding, will be assessed based on recommendations of the IDMC and discussions with the appropriate regulatory authorities such as the FDA in the US; 4. Regardless of any accelerated (conditional) approval potential, ACTION3 study will complete full 2 year analysis and regulatory submission for potential traditional (full) approval; uPCR = urinary proteinuria; eGFR = estimated glomerular filtration rate (kidney function);

ACTION3 current status

FSGS CLINICAL STUDY

286

Total number of patients to be recruited, randomised and dosed - anticipated in Q3 2025[1]

171

Patients recruited, randomised and dosed

32

Patients completed full 2 year ACTION3 study treatment

31

Patients enrolled over into Open Label Extension Study

Confirmed:

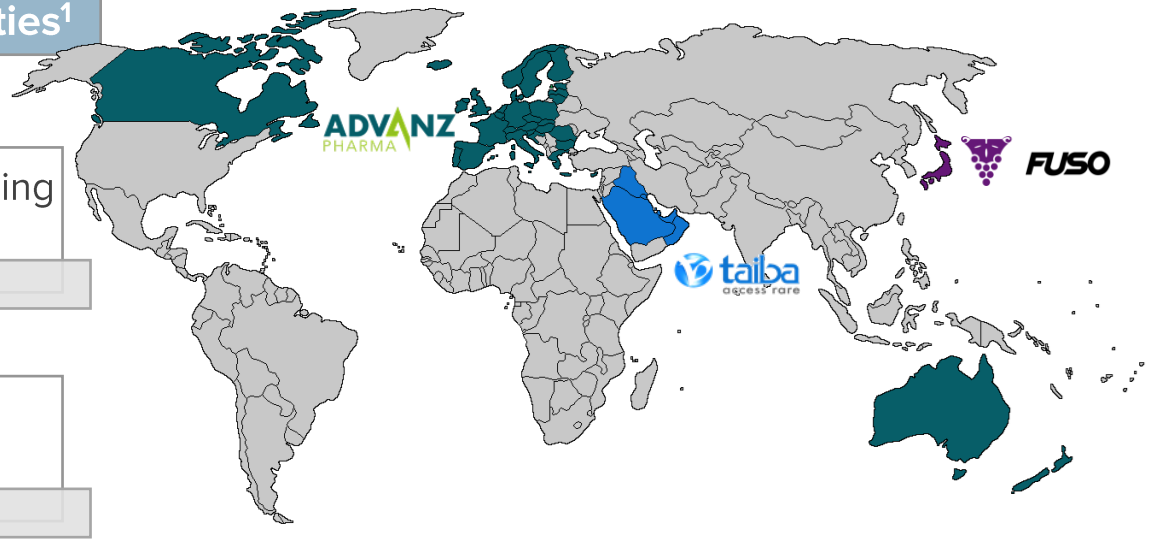
- Positive Type C meeting held in March 2025 with US Food & Drug Administration (FDA) on proteinuria trial endpoints, and potential for accelerated approval for DMX-200
- Dimerix intends to update the market on meeting outcomes upon the receipt of the formal FDA meeting minutes - anticipated within 30 days of the meeting (i.e. April 2025)

1. ASX release 30 Dec 2024

Summary of licensing deals

Licensing deals collectively valued up to
AU$458 million in total upfront and potential milestone fees + royalties[1]

Advanz[2]	Taiba[3]	Fuso[4]	Other licensing deals
EU, CA, AU, NZ	GCC, Iraq	Japan	
AU$10.8m[2]	AU$0.5 million[3]	AU$7.2 million[4]	?
Upfront	Upfront	Upfront + 1st milestone	
Up to AU$219 million[2]	Up to AU$120 million[3]	Up to AU$100 million[4]	?
Milestones	Milestones	Milestones	
Escalating mid-teen-20%	Starting at 30%	Between 15-20%	?
Royalties	Royalties	Royalties	



Significant potential additional global value remains, as Dimerix pursues and progresses licensing opportunities with potential partners outside the licensed territories, including in US and Mainland China

1. ASX release 7 January 2025; 2. Based on Euro conversions & further terms outlined in ASX Announcement on 5 October 2023; 3. Based on US dollar conversions & further terms outlined in ASX Announcement on 27 May 2024; 4. Based on Japanese ¥ Yen conversions & further terms outlined in ASX Announcement on 7 January 2025

Corporate overview

Ticker Symbol	ASX: DXB
Cash Balance (Dec24)*	$21.11 million
Market Capitalisation[1]	~A$240 million
Share price[1]	~A$0.425
Total ordinary shares on issue[1]	559,251,910
Average Daily Liquidity by value for past 30 trading days[2]	~A$0.87 million

SHARE PRICE

SUBSTANTIAL SHAREHOLDERS[3]

Position	Holder Name	Holding	% IC
1	Mr P Meurs	75,679,506	13.5%
TOTAL (TOP 5) Shareholders		**130,906,002**	**23.4%**

*Cash balance does not include:

- *~$3.1 million - upfront fee received from Fuso development & licensing agreement (ASX release 4 March 2025)*
- *~$4.1 million - payment anticipated on 1st clinical site opening in Japan from Fuso licensing agreement Q2 2025*
- *Up to $6.5 million - potential conversion of 41,920,587 DXB options (as at 31 December 2024) exercisable at 15.4c per share (expire 30June2025)*

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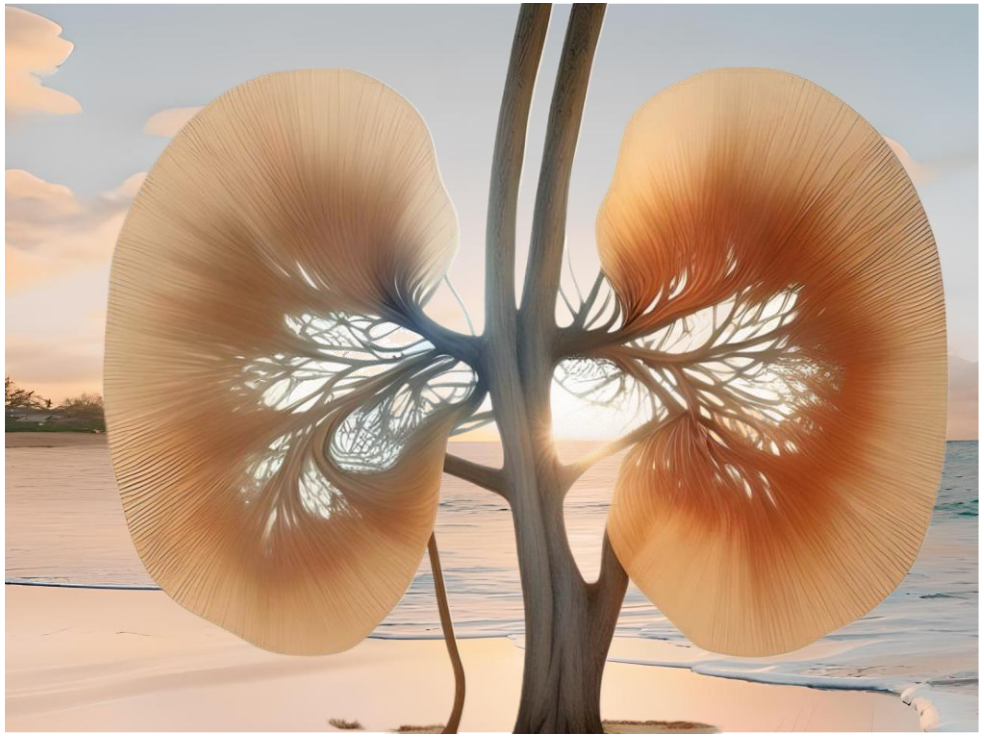
1. As at 1 April 2025; 2. Past 30 trading days liquidity as at 1 April 2025; 3. Shareholder register as at 1 April 2025

Potential catalysts



2025

Q1/Q2 2025

- **Complete: FDA meeting** held – formal minutes anticipated April 2025[1]
- ~AU$4.1 million[2] **development milestone** anticipated from FUSO[1]

Q3/Q4 2025

- Planned blinded **interim data collection** anticipated in August 2025, subject to FDA feedback[3]
- Potential for **accelerated (or conditional) approval** submission, subject to FDA feedback[1,3]
- **Full study recruitment** of 286 adult patients anticipated in CYQ3 2025[3]

Potential upside – at any time

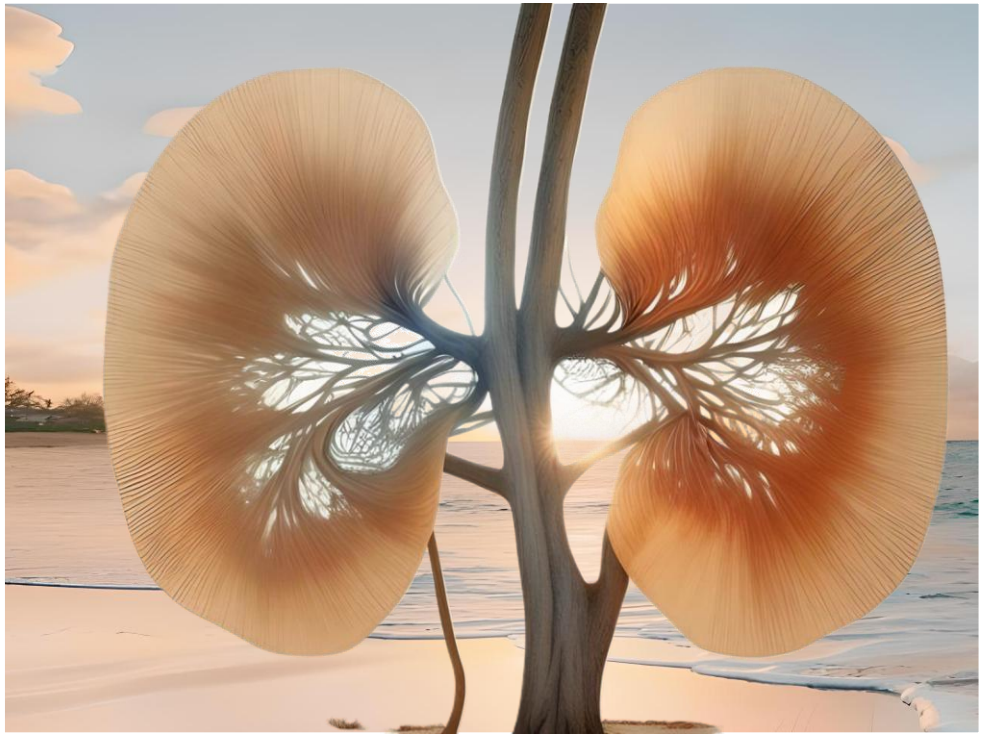
- Additional **licensing partners** for DMX-200: Dimerix continues to pursue potential licensing opportunities in un-licensed territories, including US & China

Dimerix

1. ASX Investor Presentation 26 Feb 2025; 2. Based on XE exchange rates & further terms outlined in ASX Announcement on 07 Jan 2025; 3. ASX release 30 Dec 2024

Dimerix

(ASX:DXB)



A biopharmaceutical company developing innovative new therapies in areas with unmet medical needs, with a core focus on inflammatory disease treatments such as kidney and respiratory diseases.

SCAN ME

WELL POSITIONED **TO DELIVER** AGAINST STRATEGIC PLAN

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.

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

Dimerix board

Mark Diamond
BSc, MBA
Non-Executive Chairman

Previous experience:

percheron THERAPEUTICS · Pfizer (Faulding)[1]

- 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 – Chemistry
  - ✓ MBA – Business

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

Previous experience:

Wyeth[2] · ACRUX · immuron

- Experienced in product development, commercial strategy development & execution
- Successfully commercialized pharmaceutical products globally
  - ✓ BSc (Hons) – Pharmacology
  - ✓ PhD – Pharmaceutics
  - ✓ MBA – Business
  - ✓ M.IP.Law – Intellectual Property Law

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

Previous experience:

mayne pharma[1] · ACRUX · HatchTech · KINOXIS

- Extensive biotech drug development & commercial manufacturing experience
- Responsible for successful global commercialization programs & NDA registrations
  - ✓ BSc (Hons) – Chemistry
  - ✓ MBA – Business

Sonia Poli
PhD
Non-Executive Director

Previous experience:

Roche · addex · AC Immune · minoryx

- 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

Previous experience:

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

1. Acquired by Pfizer in 2015; 2. Acquired by Pfizer in 2009

Dimerix management

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

Previous experience:

Wyeth[1] · ACRUX · immuron

- Experienced in product development, commercial strategy development & execution
- Successfully commercialised multiple pharmaceutical products
  - ✓ BSc (Hons) – Pharmacology
  - ✓ PhD – Pharmaceutics
  - ✓ MBA – Business
  - ✓ M.IP.Law – Intellectual Property Law

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

Previous experience:

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

Previous experience:

Race Oncology · Syneos Health · 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

Previous experience:

Medicines Development for Global Health

- Experienced pharmaceutical executive in project management, clinical development and research translation
- BD and strategic alliance leader
- Led multidisciplinary R&D&C teams for 13 years
  - ✓ BSc (Hons) – Genetics
  - ✓ PhD – Molecular Immunology
  - ✓ MBA – Business & Leadership

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

Previous experience:

neuren pharmaceuticals · prota therapeutics · ACRUX · Nuvo Pharmaceuticals[2] · 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

1. Acquired by Pfizer in 2009; 2. Acquired by Pfizer in 2015

Medical Advisory Board

Professor
Hiddo Heerspink
PhD

Professor of Clinical Trials and Personalized Medicine: University Medical Center Groningen, the Netherlands. He specializes 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

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

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

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

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.

Professor
Howard Trachtman
MD, FASN

Graduated from Haverford College and the University of Pennsylvania School of Medicine. He has been a practicing pediatric nephrologist for 35 years. Has been the PI of NIDDK and industry sponsored clinical trials in glomerular disease and am a Co-Investigator in the NEPTUNE and CureGN observational cohort studies.

Associate Professor
Laura Mariani
MD, MSCE

Assistant Professor in the Division of Nephrology at the University of Michigan. Interest in observational studies in glomerular disease, including NEPTUNE and CureGN. Lead on PARASOL program to define FSGS endpoints with by applying statistical methods for clinical outcome definition and prediction of kidney disease progression.

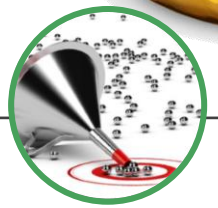
Renal disease landscape

"A squeaky wheel waiting for grease: 50 years of kidney disease management in the

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]

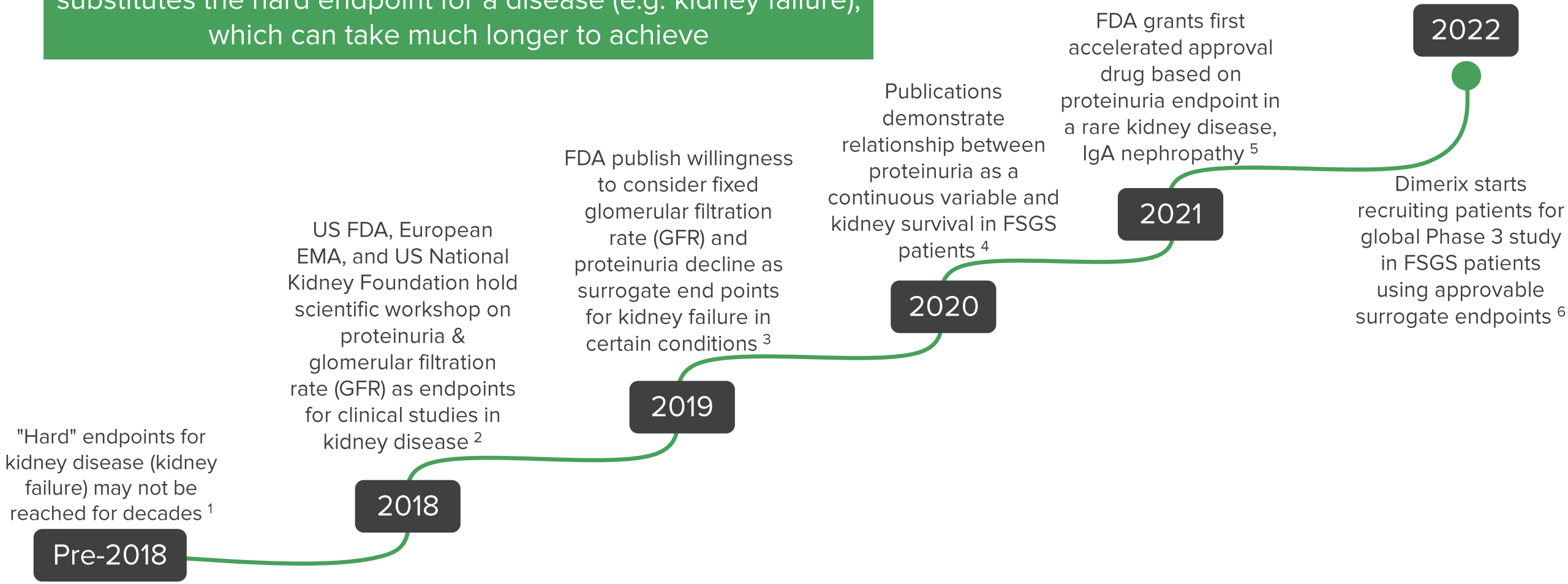
Dimerix

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 hard endpoint for a disease (e.g. kidney failure), which can take much longer to achieve

ACTION3
FSGS CLINICAL STUDY



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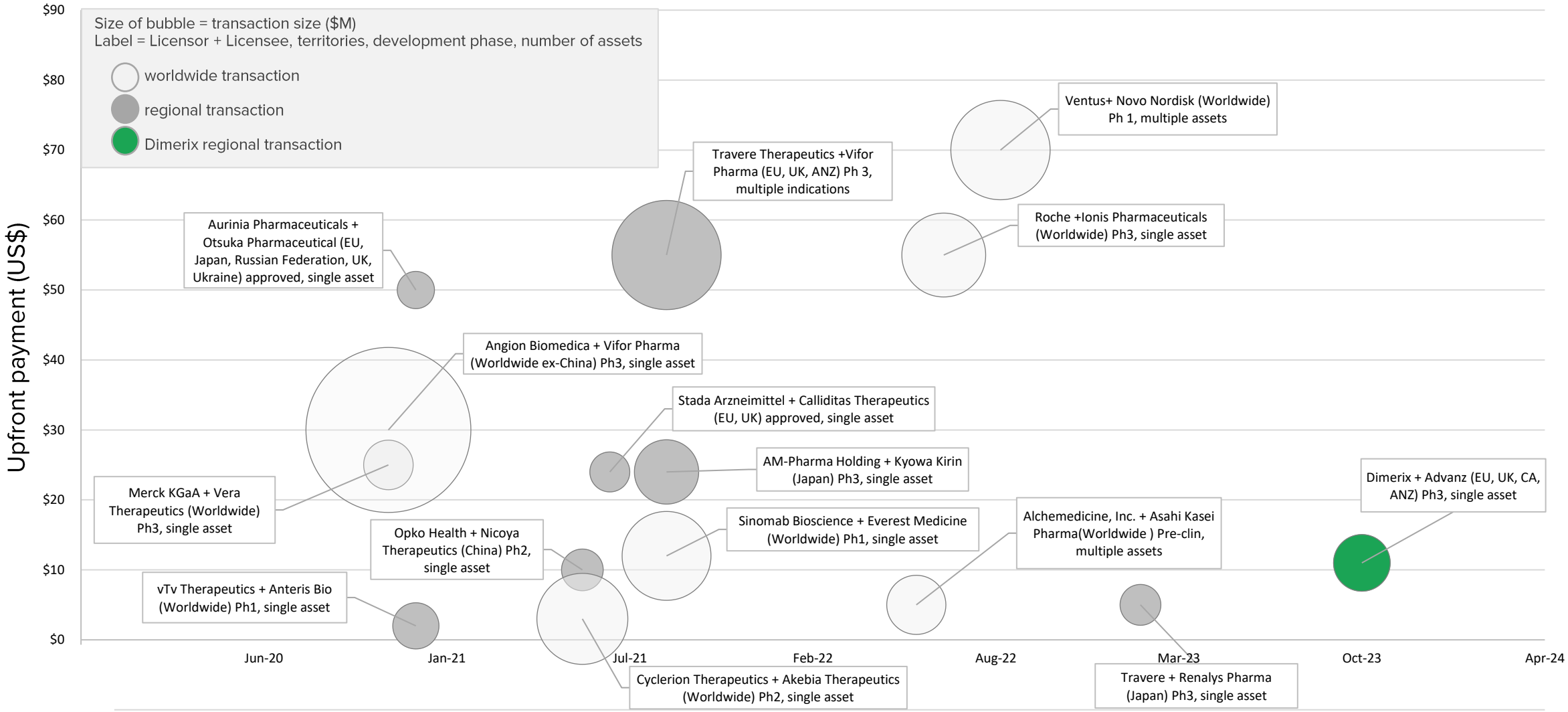
1.Hartung E, (2015), Pediatric Nephrology volume 31, pages381–391 DOI: 10.1007/s00467-015-3104-8; 2. FDA, EMA, National Kidney Foundation Workshop Summary: https://www.kidney.org/news/accelerating-new-clinical-trials-and-treatments-kidney-disease; 3. Thompson A et al, (2019) Am J Kidney Dis.; 75(1):4-5: 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



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

Policy change: renal disease healthcare economic burden

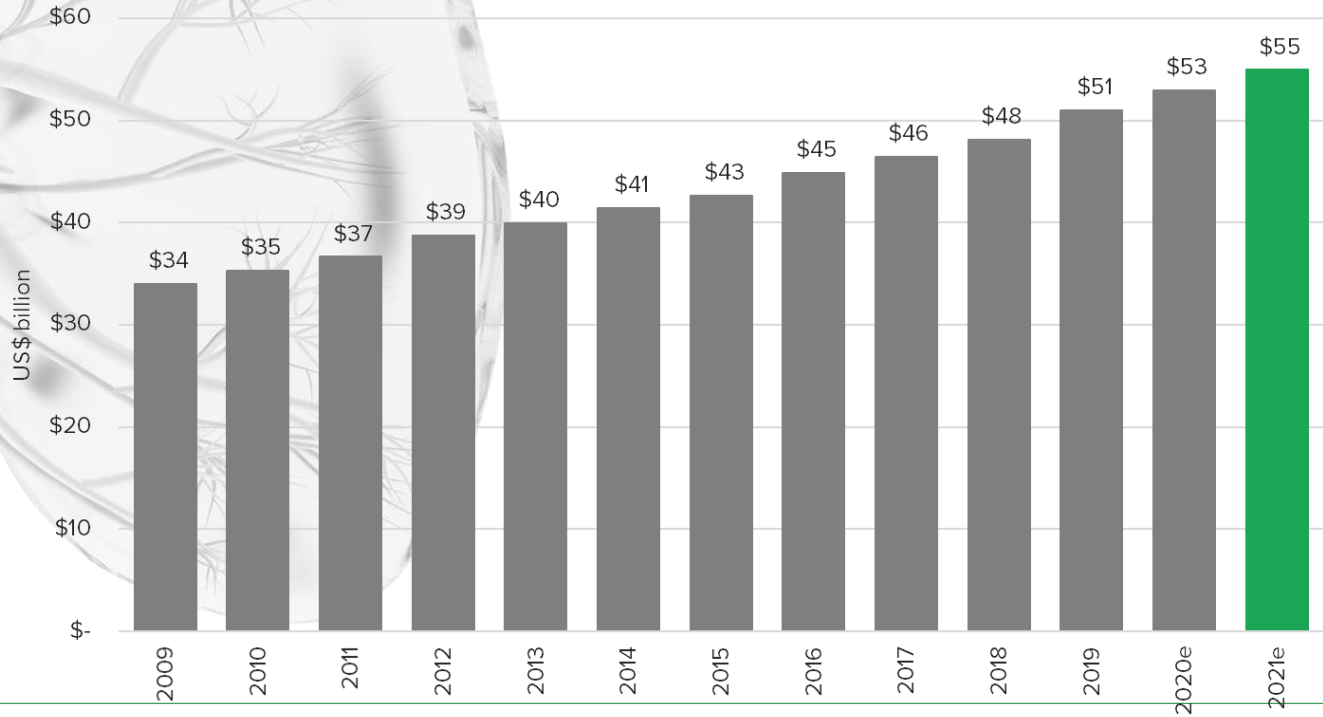
~40 million
adults have kidney disease (~15% of the adult population) in the US in 2021 [1]

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)

Potential FSGS market size

No approved therapies for FSGS

Multi-billion dollar market potential[1]

Attractive reimbursement/pricing potential[2]

Example annual pricing for other rare kidney disease drugs[2,3]:

- ~**US$120k per annum** per patient in US
- ~**€91,560 per annum** per patient in Europe

>2,600

New diagnosed cases per year[4]

30-80k

Potential addressable FSGS patients in the US[1]

0

Drugs specifically approved anywhere in the world

60%

Patients have reoccurring FSGS after kidney transplant[5]

FSGS is the most frequent primary glomerular disease that reaches end-stage renal failure in the US[2]

5-8

Average time (years) to kidney failure after diagnosis[4,5]

Dimerix

1. Focal segmental glomerulosclerosis – Market Insight (2022), Epidemiology and market forecast – 2032 Delve Insight; and Estimate based on McGrogan A, et al. Nephrol Dial Transplant. 2011;26(2):414-430; 2. Cost of Sparsentan - approved for IgAN https://endpts.com/fda-clears-traveres-rare-kidney-disease-drug-will-come-with-rems-program; 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. The United States Renal Data System (USRD), 2023 Annual Report, End Stage Renal Disease; 5. Front. Immunol., July 2019 | https://doi.org/10.3389/fimmu.2019.01669;

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 (more than 200 patients dosed)[3]	4 clinical studies completed to date: positive efficacy signals across studies[3]
Small molecule	**Easy & convenient dosing**	**Strong safety profile[3]**	**Positive efficacy signals[3]**

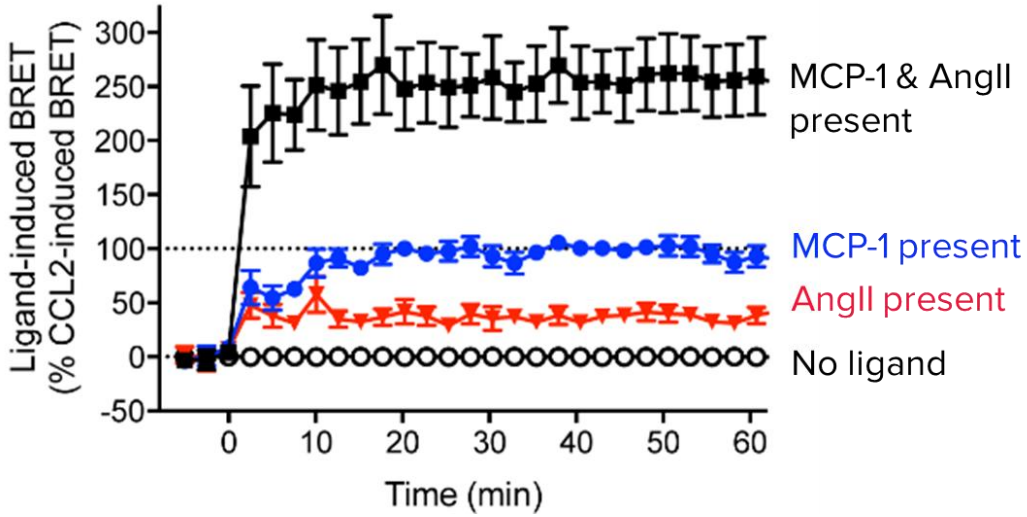
Dimerix

1. ASX release: 09May2022; 2. ASX releases: 14Dec15, 21Nov18, 07Jun21; 3. ASX release and investor presentation 29Jul20 and ASX release 11Mar24

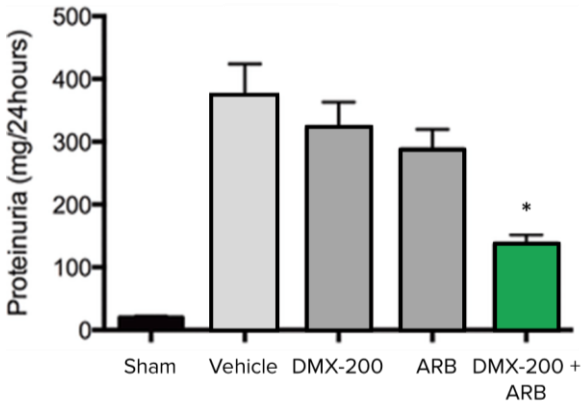
DMX-200 unique heteromer pharmacology

Proprietary discovery platform (Receptor-HIT) identified:

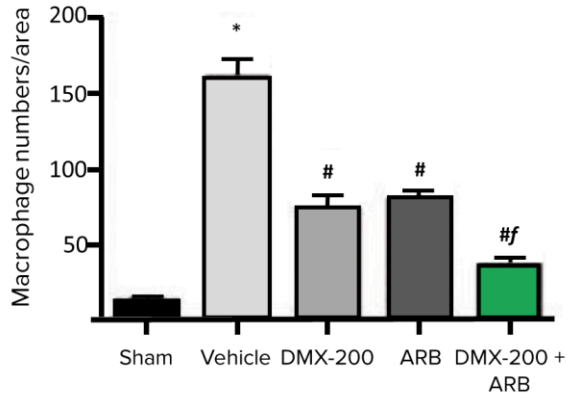
- Formation of AT1R and CCR2 heteromers;
- Novel pharmacology (potentiation of signaling)
- Dual antagonism required for completed inhibition



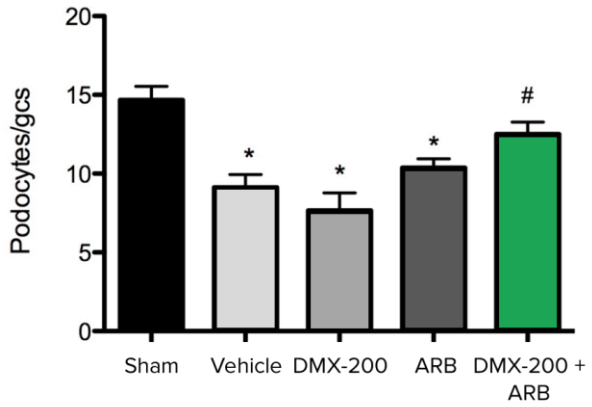
↓ Proteinuria



↓ Macrophage infiltration



Retained podocyte numbers



Proposed non-clinical safety package suitability for NDA confirmed with FDA[1]

*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.*
1. FDA written correspondance

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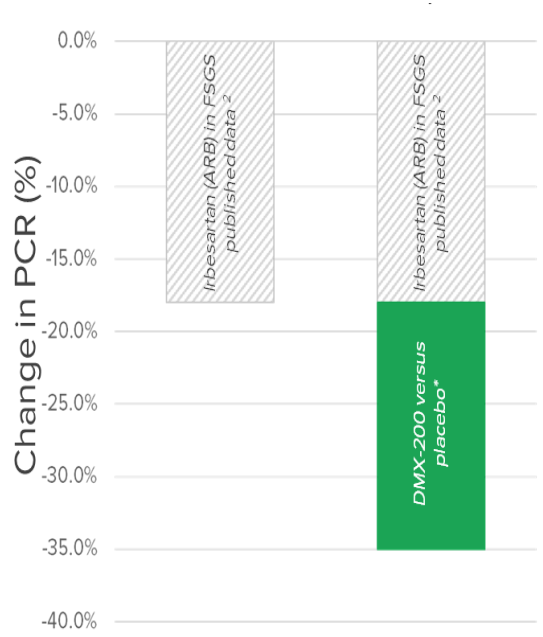
DMX-200: Phase 2 met primary and secondary endpoints

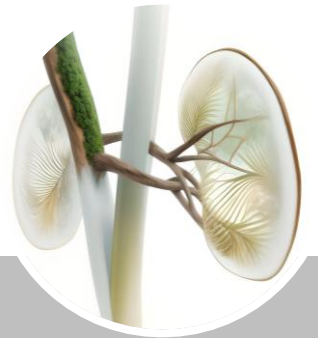
Clinically meaningful outcomes achieved for patients,[3] with no safety issues

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



"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[3]



EFFICACY

- **86%** of patients demonstrated reduced proteinuria
- DMX-200 reduced inflammatory biomarker by **39%** vs placebo

SAFETY

- No safety concerns – reduced development risk

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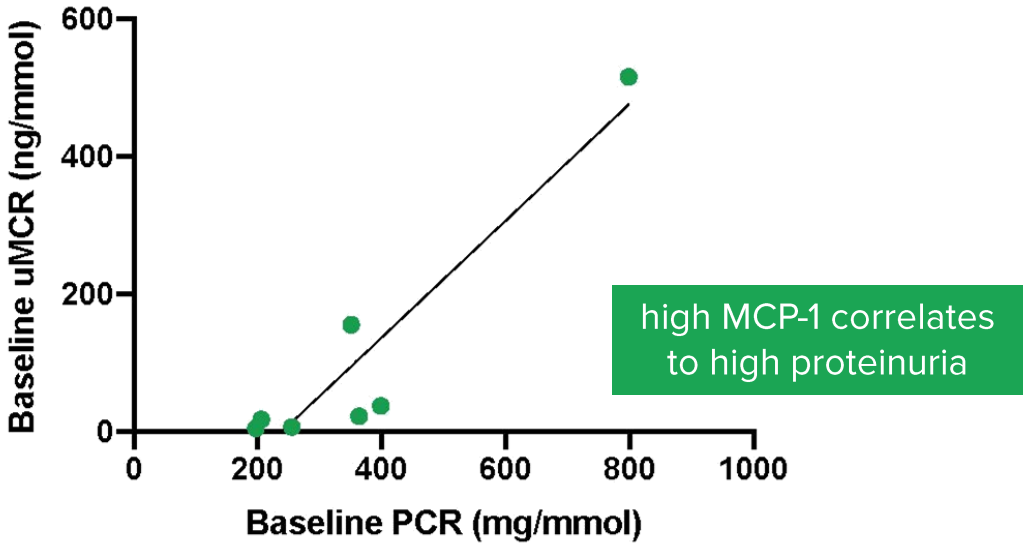
PCR = protein creatinine ratio; ARB = angiotensin receptor blocker; 1. Repeated measures mixed model analysis; top line data was reported as grouped analysis on 29 July 2020; 2. Trachtman, et al., 2018. J Amer Soc Nephrology 29(11):2745-2754; 3. Troost JP et al (August 2020); doi.org/10.1053/j.ajkd.2020.04.014

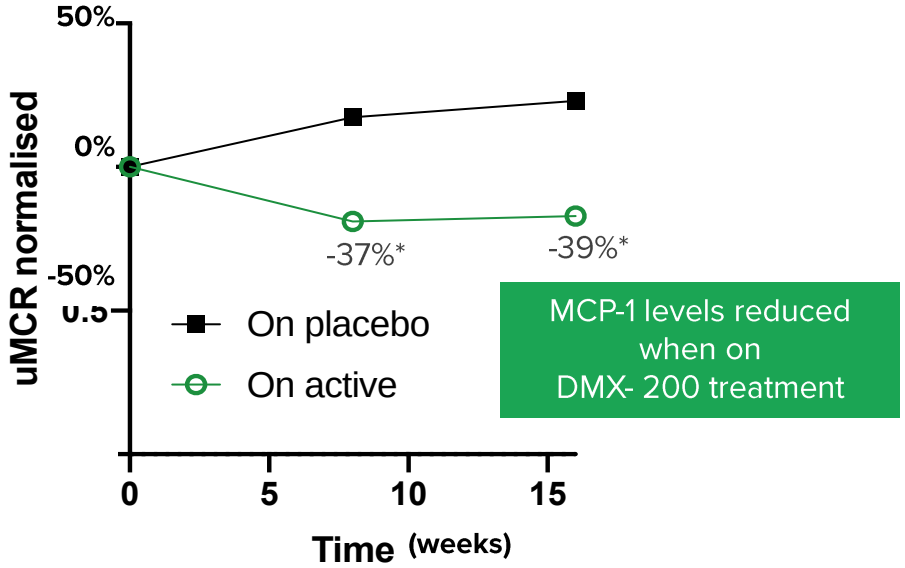
DMX-200 Phase 2 effect on inflammatory biomarker[1]

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

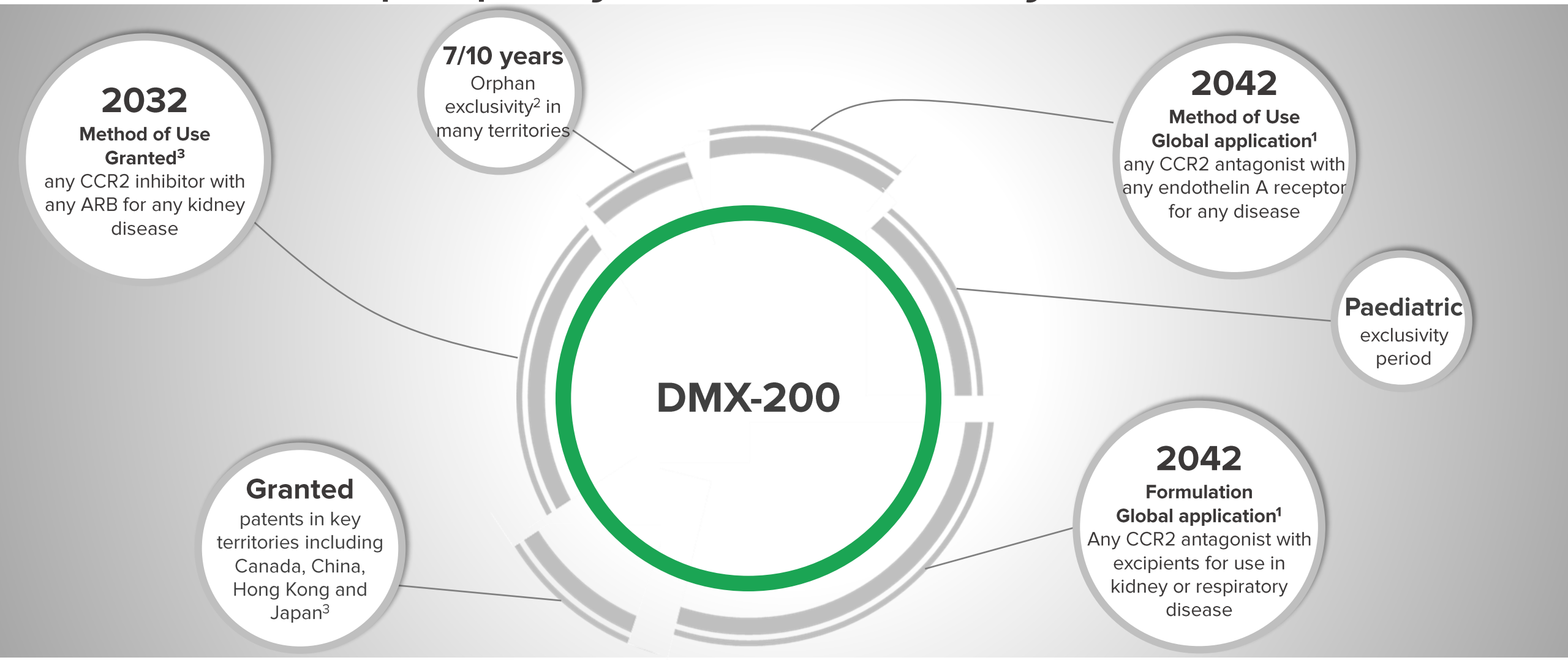
- **16 weeks treatment with DMX-200 vs placebo reduced inflammatory biomarker by 39%:**
  - DMX-200 blocks receptor responsible for inflammation
  - Translates to reduced inflammation and subsequent fibrosis (scarring) in the kidney[2]

Dimerix

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

1. ASX presentation 27 October 2020; 2. Liu Y. et al (2024) Role of MCP-1 as an inflammatory biomarker in nephropathy, Front. Immunol., Sec. Inflammation doi.org/10.3389/fimmu.2023.1303076

Intellectual property and exclusivity



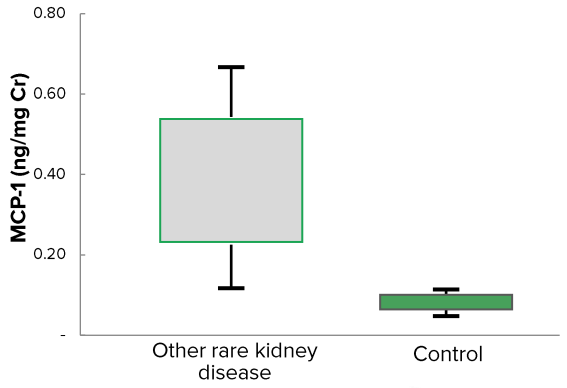
1. If patent applications are granted: PCT/AU2022/050013 and PCT/AU2022/050249; 2. DMX-200 is an NCE: active moiety not approved before which can attract exclusivity periods in various territories; 3. Granted patents US9,314,450; US10,058,555; US10,525,038; CN201800046165; CA2,821,985; EP12734251.7;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

Expanding the pipeline

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

DMX-200 potential label expansion

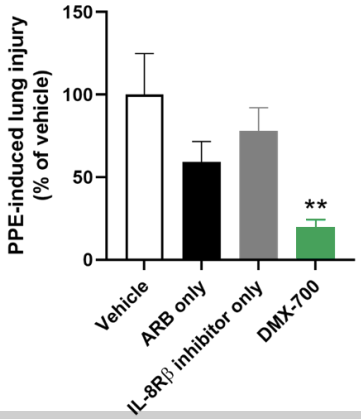
Potential to expand DMX-200 into other rare kidney diseases where inflammation is a key driver of the disease



Phase 2/3 potential

DMX-700 for respiratory/renal fibrosis

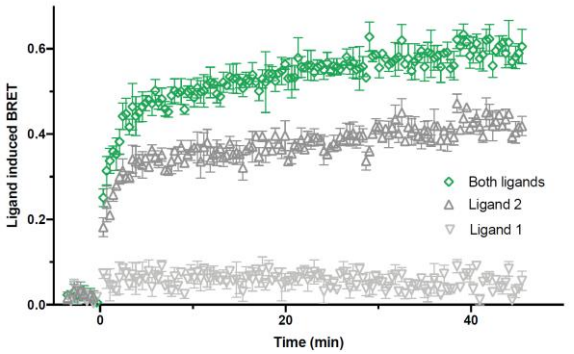
Preclinical studies show that DMX-700 significantly reduced lung injury by 80% ($p<0.01$) after 21 days treatment[1]



Pre-clinical asset

Undisclosed Opportunities

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



Pre-clinical identified opportunities

1. ASX release: 04Jun22