For Immediate Release

DIMERIX RELEASES INVESTOR PRESENTATION & VISUAL RECORDING

MELBOURNE, Australia, 19 August 2025: Dimerix Limited (ASX: DXB) a biopharmaceutical company with a Phase 3 clinical asset in inflammatory disease, is pleased to release an updated investor presentation and accompanying short video where Chief Executive Officer and Managing Director, Dr Nina Webster, steps through the presentation highlights.

The attached, updated presentation provides a comprehensive overview of the Company's lead Phase 3 clinical asset DMX-200, the clinical development strategy, upcoming milestones, and recent corporate and operational progress.

In the accompanying, short video, Dr Webster discusses:

- An overview of Dimerix and the Phase 3 clinical trial, called ACTION3, for its lead asset DMX-200, known as QYTOVRA® in some territories
- The lead disease area that Dimerix is working in - called focal segmental glomerulosclerosis (FSGS), a rare kidney disease for which Dimerix has orphan drug designation and for which no currently approved therapies exist
- The ACTION3 clinical trial design, including the potential endpoints of eGFR and proteinuria
- The FDA-led working group, called Project PARASOL, established which appropriate endpoints could be used for FSGS clinical trials
- The collaboration between Dimerix and the PARASOL working group, and the steps required to address any potential for an Accelerated Approval regulatory pathway in the US for DMX-200
- The potential commercially attractive market for DMX-200, plus patient prevalence and incidence numbers
- The four, highly strategic, commercial partners in key territories around the world, with a total deal value of up to $1.4 billion, and who bring their expertise in clinical, regulatory, pricing, reimbursement as well as their existing infrastructure for sales and marketing to the DMX-200 program
- Current cash position, strengthened by partnering fees
- Pipeline expansion efforts and coming milestones

The visual presentation can be accessed via this link: Dimerix Visual Investor Presentation

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Authorised for lodgement by the Board of the Company

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About Dimerix Limited

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 focused on developing its proprietary Phase 3 product candidate DMX-200, 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. For more information, please visit the company's website at www.dimerix.com.

About DMX-200

DMX-200 is 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 Orphan Drug Designation granted by the FDA in the United States.

About FSGS

FSGS is a rare, serious kidney disorder characterized by progressive scarring (sclerosis) in parts of the glomeruli—the kidney's filtering units. This scarring leads to proteinuria, progressive loss of kidney function, and often end-stage renal disease. FSGS is increasingly understood to have an inflammatory component, with monocyte and macrophage activation contributing to glomerular injury. In the United States, more than 40,000 people are estimated to be living with FSGAS, including both adults and children.[1] There are no therapies specifically approved for FSGS in the U.S., and management relies on non-specific immunosuppressive and supportive therapies. In patients with progressive or treatment-resistant FSGS, the average time from diagnosis to end-stage kidney disease can be as short as five years. Even among those who undergo kidney transplantation, disease recurrence occurs in up to 60% of cases,[2] underscoring the urgent need for new, disease-modifying treatments.

Dimerix Forward Looking Statement

This release includes forward-looking statements that are subject to risks and uncertainties. Although management believes 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. Readers are cautioned not to place undue reliance on forward-looking statements. 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, contractual risks, 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.

References

1 Nephcure FSGS Facts (https://nephcure.org/)

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

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ACTION3
FSGS CLINICAL STUDY

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

Investor Presentation

August 2025

Authorised for lodgement by the Board of the Company

Forward looking statements

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Overview | Phase 3 Global Opportunity

Lead drug candidate
DMX-200 in a **Phase 3 clinical trial** for focal segmental glomerulosclerosis (FSGS)

FSGS indication
a **rare disease** that causes scar tissue of kidneys, which leads to irreversible kidney damage[1]

No approved treatments
available to treat FSGS:
damage can lead to **dialysis, transplant or death**[1]

Orphan drug designation
regulatory, marketing exclusivity and pricing **benefits** in key territories[2]

4
DMX-200 licensing partners across key territories[3]

~$1.4 billion
in total upfront & potential development and sales milestone payments **plus** royalties[3]

>$65 million
in total **payments received** to date[1]

QYTOVRA®
[REPAGERMANIUM]

DMX-200 (QYTOVRA® in some territories)

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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. ASX releases: 14Dec15, 21Nov18, 07Jun21; 3. ASX release 05 October 2023, 27 May 2024, 07 January 2025 and 01 May 2025

Strong body of evidence with significant progress

Mechanism of Action	Precision therapy to disrupt inflammatory feedback loops in the kidney of patients with FSGS[1]
Pre-clinical	FDA confirmed proposed pre-clinical safety package sufficient to support marketing submission[2]
Manufacturing	Commercial scale up in place – manufacturing sites in USA[3]
Phase 1 / Phase 2 clinical trials	Encouraging efficacy and positive safety signals across Phase 1 & Phase 2 studies (n=>100), including demonstrating a reduction in proteinuria and inflammatory markers in FSGS patients[4]
ACTION3 Phase 3: Part 1 interim analysis	Interim analysis (n=72 @ 35 weeks) showed DMX-200 performing better than placebo in reducing proteinuria[5]
FDA and Project PARASOL	Alignment on proteinuria as primary endpoint for final approval[6]
3rd Party Validation	4 licensing deals executed for various key territories, all of whom conducted independent, extensive due diligence[7]
ACTION3 Phase 3: Part 2 interim analysis	Blinded data collection and analysis expected after PARASOL project outcomes and FDA feedback[6]
ACTION3 Phase 3: Part 3 final analysis	2-year proteinuria (potential primary endpoint) and eGFR (primary and/or secondary endpoint) data serves as basis for full approval (n=~286)

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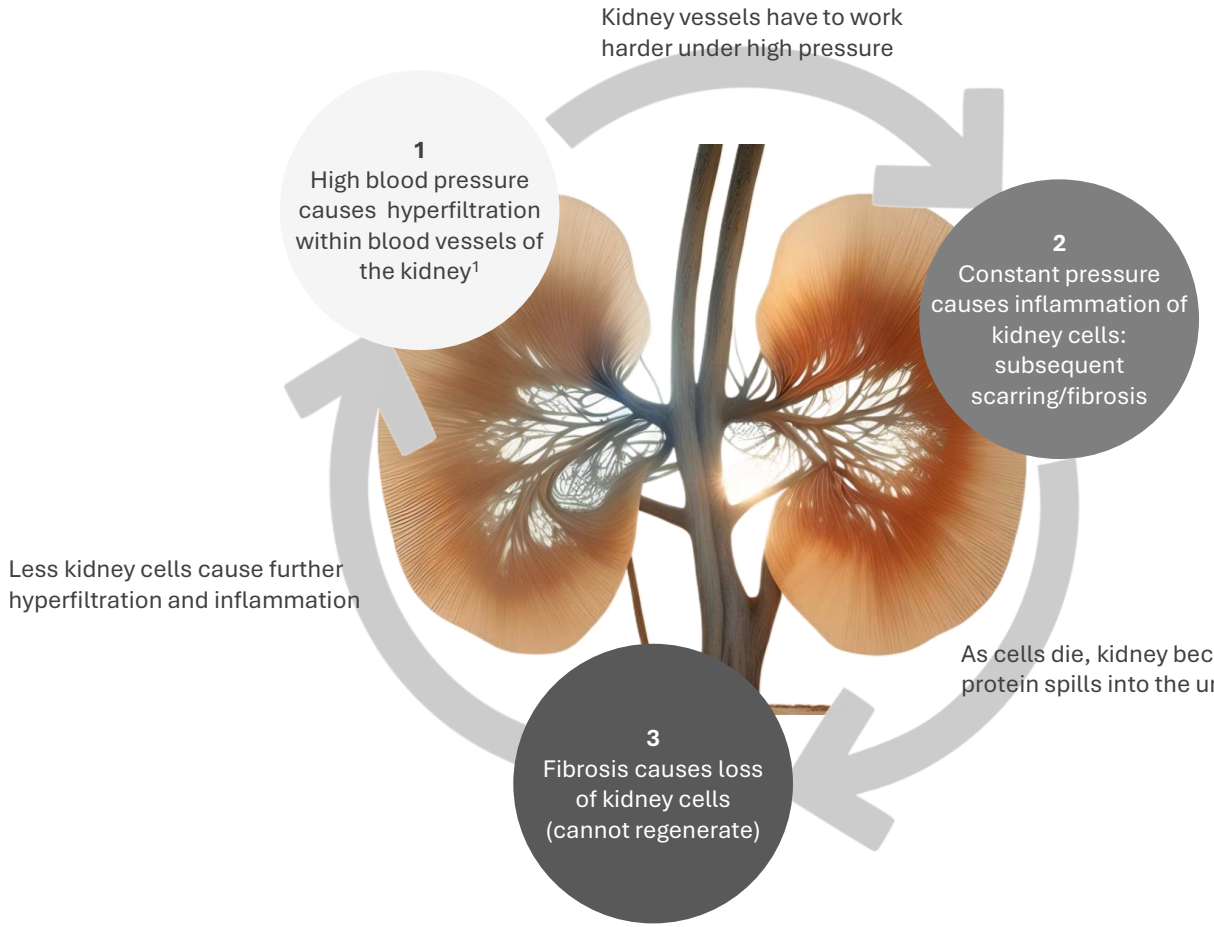
1. Ayoub MA, et al. (2015) PLoS One; doi.org/10:e0119803; 2. ASX release 25 November 2019; 3. ASX investor presentation 09Mar20; 4. Repeated measures mixed model analysis; top line data was reported as grouped analysis on 29 July 2020, study not designed for statistical significance; 5. Predictive Power statistical model, using industry standard as set by the independent renal biostatistician consultant for Dimerix, . Interim Phase 3 analysis data does not guarantee a statistically significant outcome at the end of the trial, ASX release 11 March 2024; 6. FDA Meeting Outcomes, ASX release 28 April 2025, n=approx. 144; 7. ASX release 05 October 2023, 27 May 2024, 07 January 2025 and 01 May 2025

Cycle of damage : in glomerular diseases

What is FSGS?	
Focal	**= some**
Segmental	**= sections**
Glomerulo	**= of the kidney filtering units**
Sclerosis	**= are scarred**



1. Lewis, E. J. et al. (2001), New Engl J Medicine 345, 851–860

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Cycle of damage :

in glomerular diseases

What is FSGS?	
Focal	**= some**
Segmental	**= sections**
Glomerulo	**= of the kidney filtering units**
Sclerosis	**= are scarred**

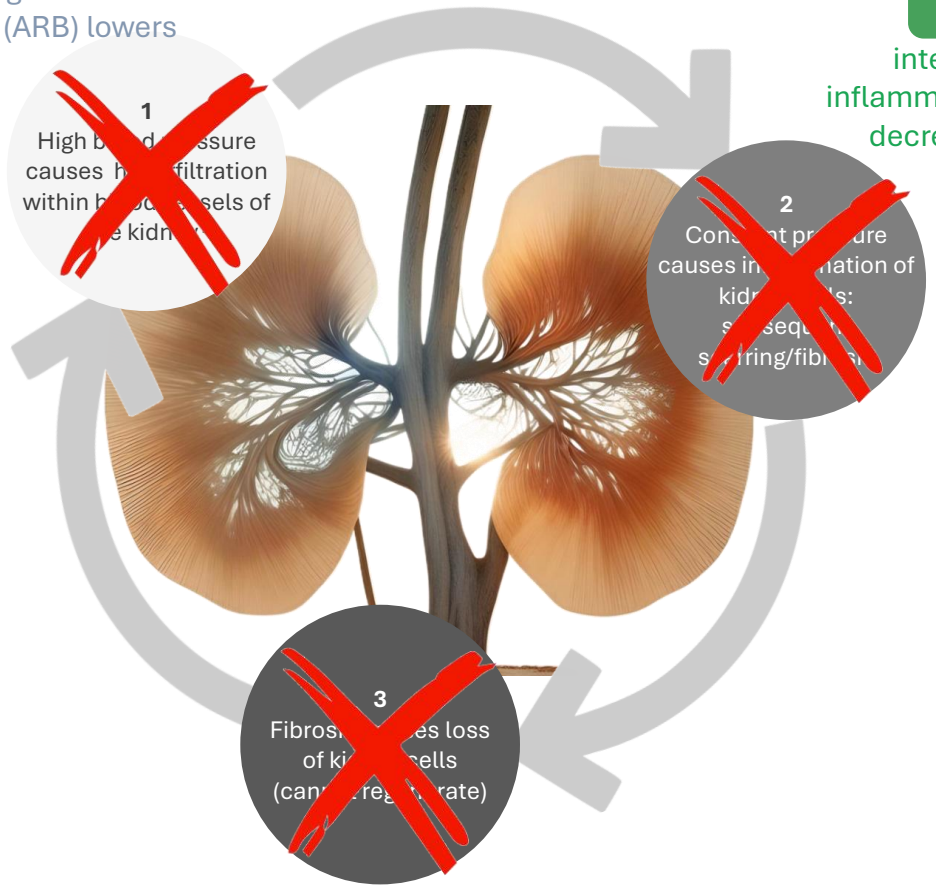
This synergistic activity of both agents disrupts the cycle of damage in FSGS

Existing blood pressure medication

targets step 1: angiotensin receptor blocker (ARB) lowers blood pressure[1]

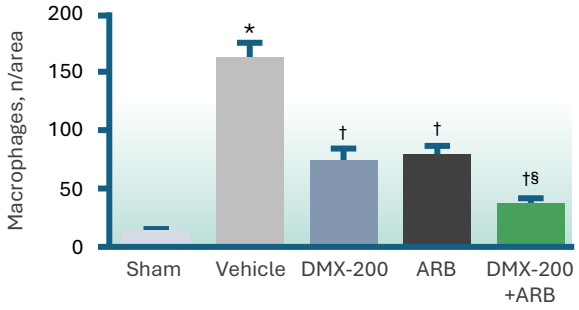
DMX-200

interrupts step 2 - the inflammatory pathway to target decreasing inflammation

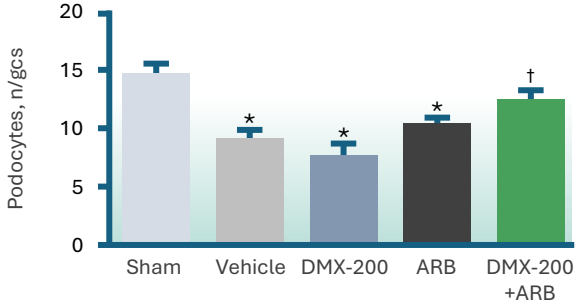


1. Lewis, E. J. et al. (2001), New Engl J Medicine 345, 851–860

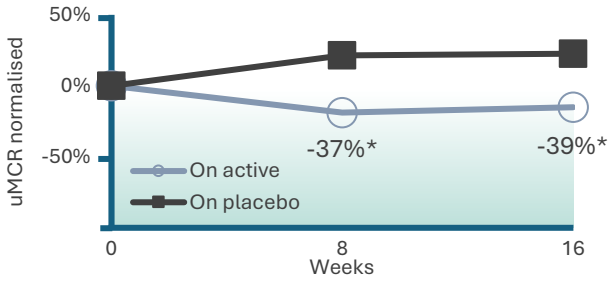
DMX-200: mechanism of action



Macrophage infiltration[1]



Podocyte preservation[1]



MCP-1 regulation[2]

- CCR2 is required for recruitment of **inflammatory** cells to the kidney

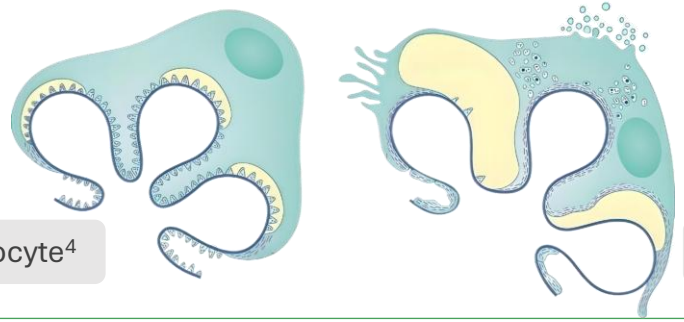
DMX-200 **blocks** CCR2[1]

- Macrophage/monocyte: regulate inflammatory cells

DMX-200 **reduces** inflammatory cells[1,2,3]

- Podocytes: specialist filtration cells in the kidney

DMX-200 **preserves** podocytes[1]



Healthy podocyte[4]

Damaged podocyte[4]

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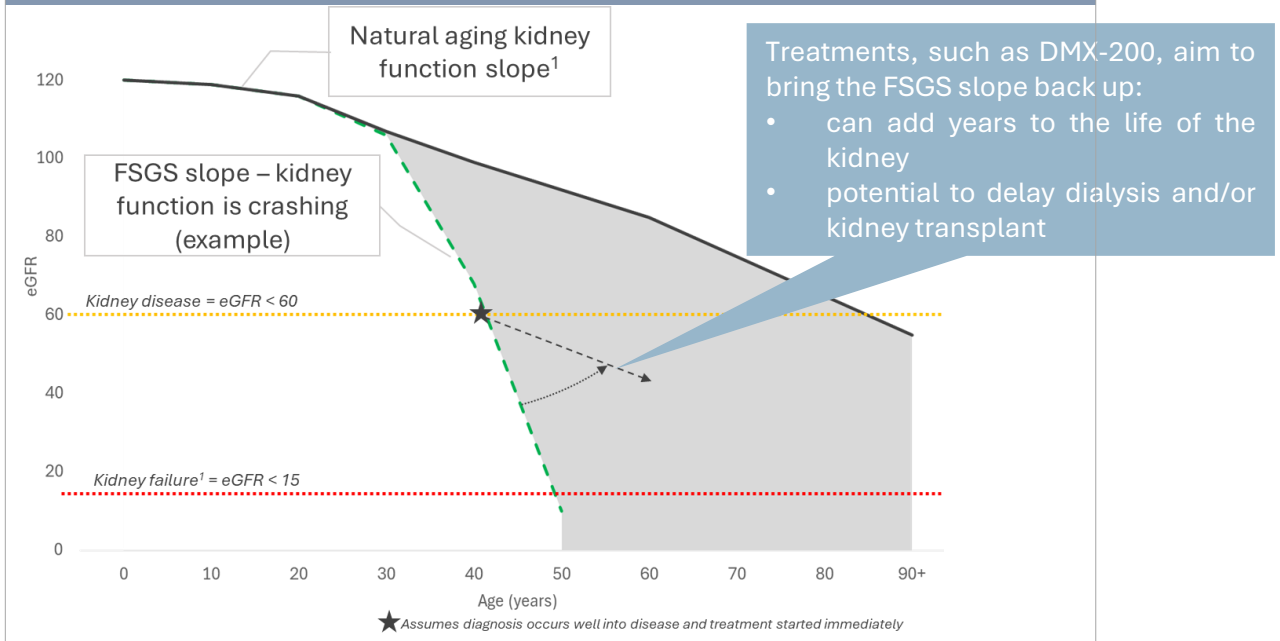
*uMCR = Urinary MCP-1 creatine ratio; PCR = protein creatinine ratio; *placebo adjusted difference; 1. Ayoub MA, et al. (2015) PLoS One; doi.org/10:e0119803; 2. ASX presentation 27 October 2020; 3. Liu Y. et al (2024) Role of MCP-1 as an inflammatory biomarker in nephropathy, Front. Immunol., Sec. Inflammation doi.org/10.3389/fimmu.2023.13030762.4. De Vriese, AS, et al. (2021) Nat Rev Nephrol (2021). https://doi.org/10.1038/s41581-021-00427-1; 2.*

Measuring kidney damage – surrogate endpoints

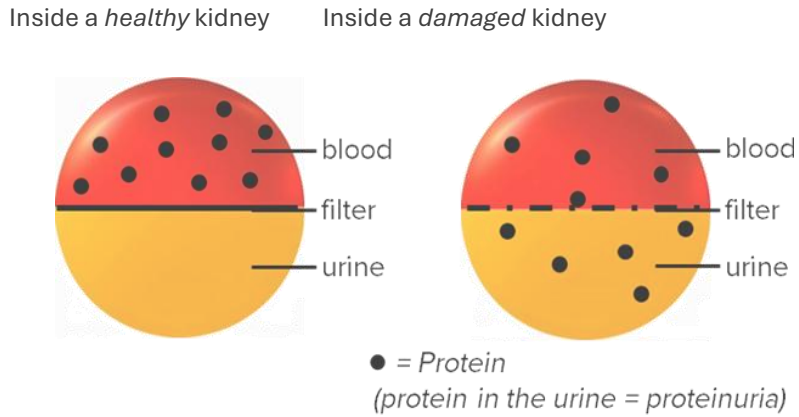
1. Estimated glomerular filtration rate (eGFR)



- Kidney function can be measured using 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

2. Proteinuria

- A healthy kidney is a good filter and allows little to no protein in the urine[2]



- When kidneys are damaged, protein can leak into the urine causing proteinuria
- Proteinuria represents an important early marker of kidney function[3]

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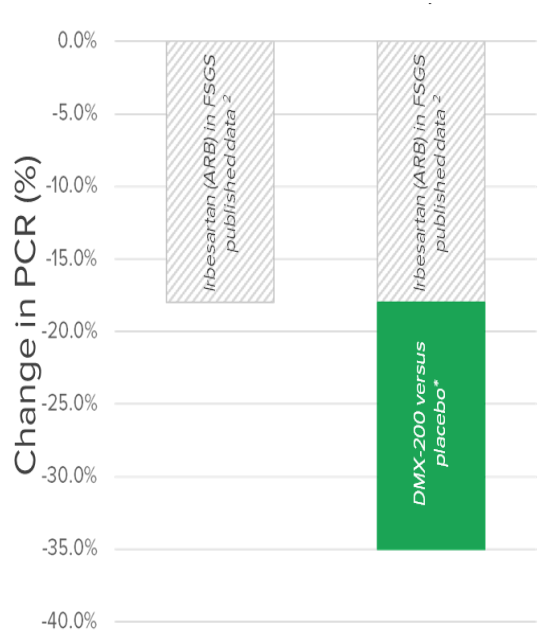
1. National Kidney Foundation: Estimated Glomerular Filtration Rate (eGFR): https://www.kidney.org/atoz/content/gfr; 2.Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/; 3. Nephcure FSGS living with the disease (2024) at https://nephcure.org/livingwithkidneydisease/ns-and-other-glomerular-diseases/understanding-fsgs/

DMX-200: Phase 2 met primary and secondary endpoints

Clinically meaningful outcomes achieved for patients,[2,3] 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, study not designed for statistical significance; 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

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

~286
Total number of patients required - anticipated H2 2025[1]

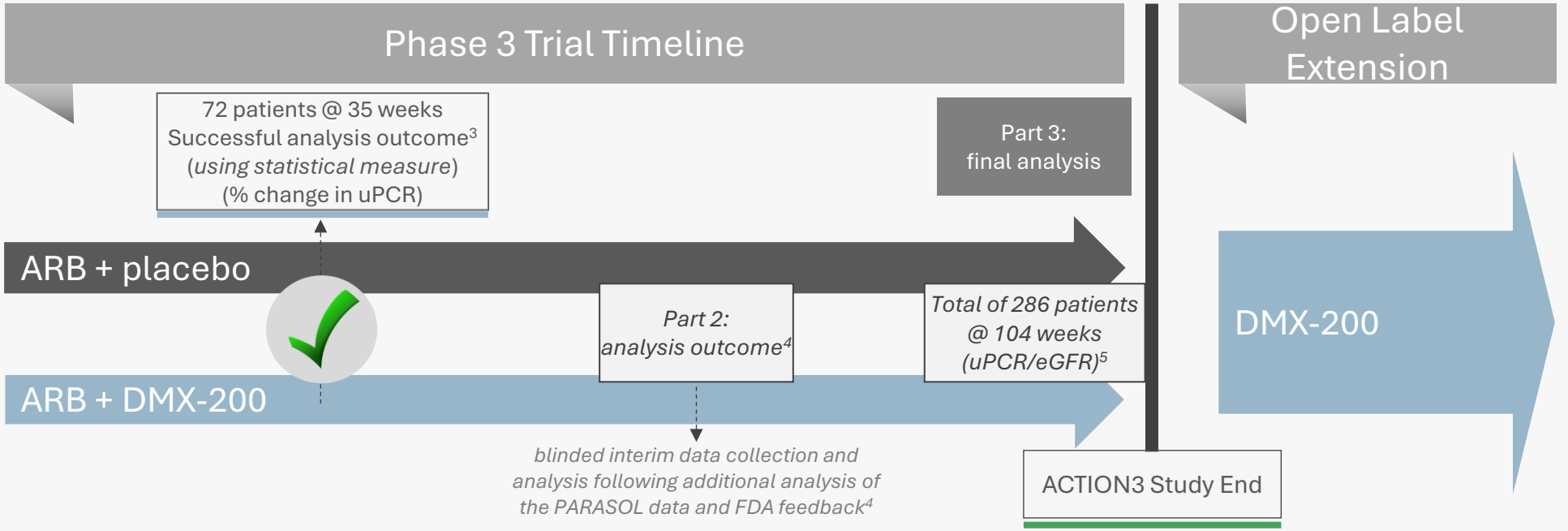
225
Patients recruited, randomised and dosed[2]

54
Patients enrolled over into open label extension study[2]

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



Open Label Extension

DMX-200

★ *Potential to submit for conditional marketing approval, subject to FDA discussion [3]*

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1. ASX release 30 Dec 2024; 2. As at 16 Aug 2025, including 223 adults and 2 paediatric patients; 3. Interim Phase 3 analysis data does not guarantee a statistically significant outcome at the end of the trial, ASX release 11 March 2024; 4. The potential for accelerated (or conditional) approval submissions, following the second interim analysis and any required unblinding, will be assessed based on outcomes from PARASOL analysis, recommendations of the IDMC and discussions with the appropriate regulatory authorities such as the FDA in the US; 5. 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);

Project PARASOL – an FDA-led working group

Working groups not uncommon to review and recommend potential endpoints for indications without any approved therapies as new information comes to light, for example, results from other trials or identification of better biomarkers or surrogate outcome measures[1]

1

Project PARASOL: 24-month data analysis

- PARASOL formed to address the need to **validate alternative surrogate endpoints** for FSGS
- Coalition of nonprofit organisations, academia, registries, trials and Sponsors[2]

- PARASOL confirmed: eGFR slope is a valid endpoint for predicting progression of kidney disease
- PARASOL demonstrated proteinuria is a valid endpoint for predicting progression of kidney disease

- FDA confirmed: a reduction in proteinuria is a validated endpoint for DMX-200 for **full marketing approval for FSGS at 24-months**

2

DIMERIX & PARASOL project: earlier data point analysis

- Initial analysis conducted primarily on available 24-month data
- Initial analysis conducted on population similar, but not identical, to ACTION3

- Analysis of PARASOL population overlaid on ACTION3 population required
- Relationship between earlier time points, such as 12-month, and 24-month data required

- Assuming strong correlation to risk of kidney failure identified at 12-months, **seek FDA alignment for accelerated approval**

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1. PLoS Clin Trials. 2007 Apr 13;2(4):e18. doi: 10.1371/journal.pctr.0020018; 2. Coalition made up of: NephCure, ISGD, NKF, KHI are co-sponsors of the project, FDA and EMA involvement, University of Michigan is data coordinating center, Industry invited as participants; eGFR : Estimated Glomerular Filtration Rate

Interim analysis process

Positive Type C meeting held in March 2025 with US Food & Drug Administration (FDA) on proteinuria trial endpoints for **full** approval, and potential for accelerated approval for DMX-200[1]

Step 1
Receive PARASOL FSGS working group 12-month data analysis[1]

Assuming strong correlation to risk of kidney failure identified

Step 2
Seek FDA alignment on interim endpoints for accelerated approval and interim powering[1]

Assuming FDA aligned with mid-trial endpoints

Step 3
Blinded statistical powering interim analysis outcome and update ACTION3 clinical study protocol[1,2]

Timing subject to regulatory acceptance of the protocol in each territory

Step 4
Final decision on submission for accelerated approval[1,2]

From today:

1-3 months

~3 months[3]

~1 month[3]

In line with best practice, endpoints must be set prior to any potential unblinding of data, to maintain integrity of the study

1. ASX release 28 April 2025; 2. The potential for unblinding and accelerated (or conditional) approval submissions, following the second interim analysis, will be assessed based on outcomes from PARASOL analysis, recommendations of the IDMC and agreement with the appropriate regulatory authorities such as the FDA in the US; 3. Timing subject to PARASOL outcome, FDA feedback and regulatory acceptance in each territory

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Aligning global regulatory pathways

To accelerate patient access to much needed treatment in areas of serious and life-threatening diseases and unmet medical need, many regulatory authorities have put in place regulatory pathways to expedite drug development and approval[1,2]

	USA	EU	Japan
Current primary endpoints for traditional approval for FSGS	Proteinuria or eGFR	eGFR	eGFR
Faster access to market if interim endpoint agreed by regulators[1]	Yes Accelerated Approval program	Yes Conditional Marketing Authorisation	Yes Sakigake program

Dimerix

1. Franco, P., Jain, R., Rosenkrands-Lange, E. et al. Regulatory Pathways Supporting Expedited Drug Development and Approval in ICH Member Countries. Ther Innov Regul Sci 57, 484–514 (2023). https://doi.org/10.1007/s43441-022-00480-3;
2. There is no guarantee that territories will accept DMX-200 for accelerated/conditional approval in FSGS

Competitive landscape in FSGS

- No approved therapies for FSGS
- Low competition
- DMX-200 is the only inflammatory modulator in development

	Phase 1	Phase 2	Phase 3	Company
DMX-200 QYTOVRA® [REPAGERMANIUM]	*Inflammatory modulator*		ACTION3 FSGS CLINICAL STUDY	Dimerix
Sparsentan	*AT_1R/ET_AR dual inhibitor – Failed Phase 3 eGFR endpoint: resubmitted to FDA on proteinuria endpoints*			Travere Therapeutics
VX-147	*APOL1 inhibitor – specific type of genetic FSGS*			Vertex Pharmaceuticals
BI-764198	*TRPC inhibitor*			Boehringer Ingelheim
Atrasentan	*AT_1R / ET_A antagonist*			Chinook
R3R01	*Lipid modifying*			River 3 Renal

Sources: Company Documents, Statutory and Regulatory Filings

FSGS market – potential for growth

Biopsy

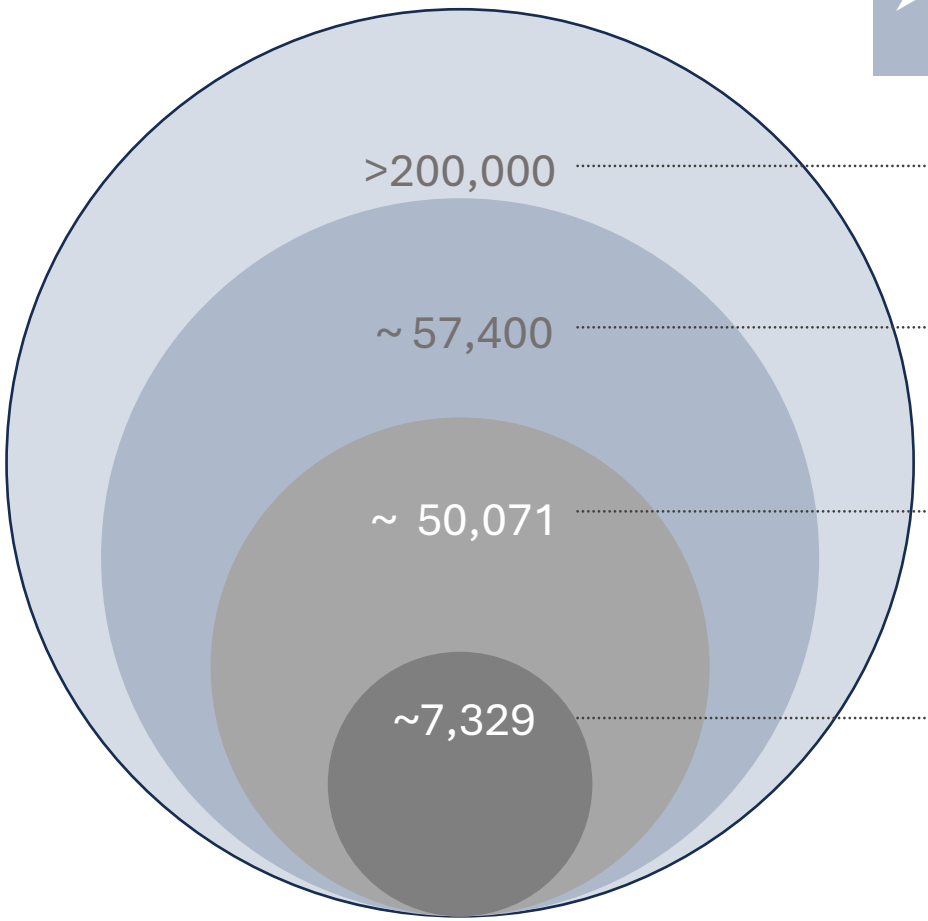
FSGS diagnosis driven by rates of biopsy - growth potential as biopsy rates increase

7 per 1,000,000

Global incidence rate of FSGS per capita per year[1]

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

- Prevalence refers to the total number of existing cases (new and old)
- Incidence refers to the number of new cases of a disease within a specified time period



Global prevalence FSGS patients [3]

Estimated global incidence of FSGS/year[4]

Estimated incidence of FSGS/year across unlicensed territories[4]

Estimated incidence of FSGS/year across all Dimerix licensed territories[4]

1. Kitiyakara et al Trends in the epidemiology of focal segmental glomerulosclerosis. Semin Nephrol. 2003 Mar;23(2):172-82. doi: 10.1053/snep.2003.50025. PMID: 12704577; 2. The United States Renal Data System (USRD), 2023 Annual Report, End Stage Renal Disease; 3. Delve Insight Market Research Report (2022): Focal segmental glomerulosclerosis (FSGS) – Market Insight, Epidemiology and market forecast – 2032; 4. Assuming referenced incidence rates and based on global and country populations as at 16 June 2025 https://www.worldometers.info/world-population/

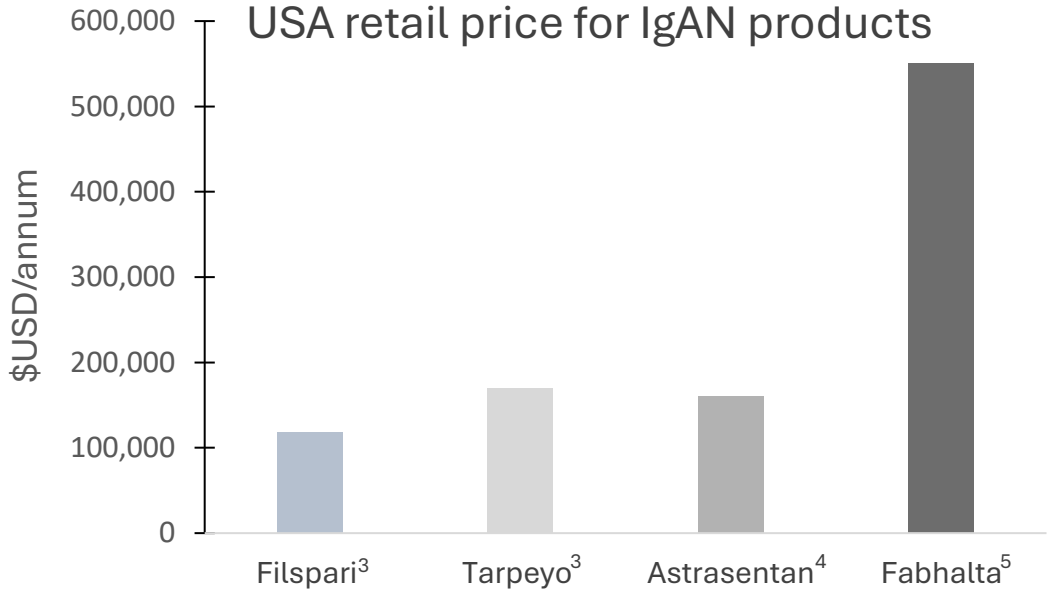
Rare kidney disease pricing examples

US Medicare Drug Price Negotiation Program[1]

US Medicare Drug Price Negotiation Program **exempts orphan drugs** that treat "only one rare disease or condition'' from drug price negotiations

DMX-200

Commercial manufacturing sites established in USA[3]



Example ex-US pricing for other rare kidney disease drugs:

- in the US (i.e. Filspari in IgAN)[6] : **US$9,900 p/month**
- in Europe/UK (i.e. Kinpeygo/Tarpeyo)[7] : **US$8,267 p/month**
- Other key territories, including Middle East and China, use US and/or Europe as pricing reference[8.9]

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1. US Medicare Drug Price Negotiation Program: https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/guidance-and-policy-documents; 2. ASX investor presentation 09 March 2020; 3 https://www.reuters.com/business/healthcare-pharmaceuticals/us-fda-approves-travere-therapeutics-kidney-disorder-drug-2023-02-17/; 4. http://www.vanrafia.com; 5. Ito, et al., 2025. https://doi.org/10.1182/blood.2024025176; 6. https://endpts.com/fda-clears-traveres-rare-kidney-disease-drug-will-come-with-rems-program; 7. https://www.calliditas.se/en/wp-content/uploads/sites/2/2018/01/fda-approval-webcast-presentation.pdf; 8. Kanavos, P et al. (2018) Pharmaceutical pricing and reimbursement in the Middle East and North Africa region; 9. J Mark Access Health Policy. 2016 Mar 15;4:10.3402/jmahp.v4.30458. doi: 10.3402/jmahp.v4.30458

Selecting our partners

A partner that has existing/proven infrastructure to deliver DMX-200 to as many FSGS patients in need of treatment

A partner that recognises the overall value of the asset and views it as a strategic priority

A partner with a collaborative approach who will work almost as an extension of the Dimerix team to achieve the best outcome for the product and the patient

4

exceptional, high quality partners, exponentially increasing collective knowledge & expertise, providing strong support in advancing & commercialising DMX-200 as a potential new treatment for FSGS

Summary of licensing deals for DMX-200 to date

Dimerix has successfully partnered DMX-200 across key markets

1 Amicus Therapeutics	2 ADVANZ PHARMA	3 taiba	4 FUSO
United States	EU, CA, AU, NZ	GCC, Iraq	Japan
AU$48m[1]	AU$10.8m[2]	AU$0.5 million[3]	AU$7.2 million[4]
Upfront	Upfront	Upfront	Upfront + 1st milestone
Up to AU$892 million[1]	Up to AU$219 million[2]	Up to AU$120 million[3]	Up to AU$100 million[4]
Milestones	Milestones	Milestones	Milestones
Escalating low-teen-low twenties%	Escalating mid-teen-20%	Starting at 30%	Between 15-20%
Royalties	Royalties	Royalties	Royalties

Licensing deals collectively valued up to

~AU$1.4 billion

in total upfront and potential milestone fees plus royalties[1]

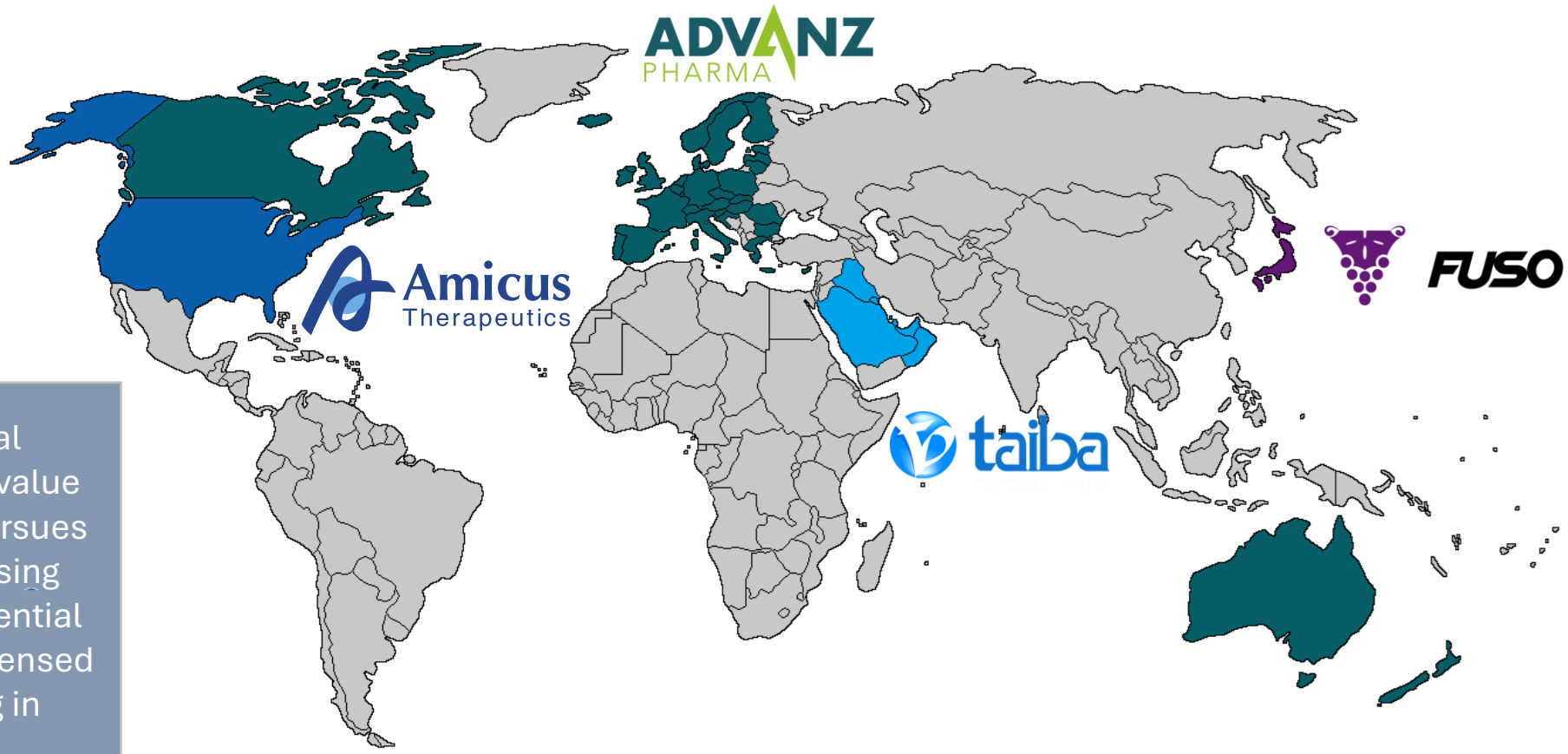
Over

AU$65 million

in total payments received

1. ASX release 01 May 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

Potential for additional partnering opportunities

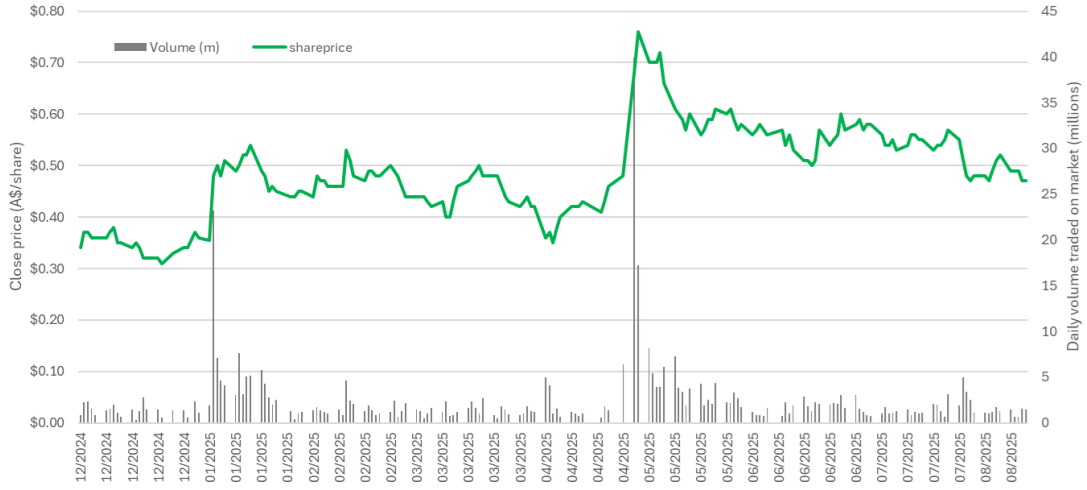


Significant potential additional global deal value remains, as Dimerix pursues and progresses licensing opportunities with potential partners outside the licensed territories, including in Mainland China

Corporate overview

Ticker Symbol	ASX: DXB
Cash Balance (Jun25)	$68.3 million
Market Capitalisation[1]	$282 million
Share price[1]	$0.47
Total ordinary shares on issue[1]	600,184,606
Average Daily Liquidity by value for past 30 trading days[2]	$1.12 million

SHARE PRICE



SUBSTANTIAL SHAREHOLDERS[3]

Position	Holder Name	Holding	% IC
1	Mr P Meurs	87,259,311	14.5%
TOTAL (TOP 5) Shareholders		**144,974,173**	**24.2%**

1. As at 15 August 2025; 2. Past 30 trading days liquidity as at 18 August 2025; 3. Shareholder register as at 15 August 2025

Potential catalysts

CY 2025

1 Q1/Q2 2025

- DMX-200 **licensed in US** for up to ~AU$940 million[1]
- DMX-200 **licensed in Japan** for up to ~AU$107 million[2]
- Positive Type C meeting: **FDA confirmed** proteinuria-based endpoint acceptable for full marketing approval in the US[3]
- First **development milestone** received from FUSO of AU$4.1 million [4]

2 Q3/Q4 2025

- Outcome of PARASOL working group analysis anticipated Q3 2025[5]
- FDA feedback anticipated Q4 2025[5]
- Blinded **interim data collection** anticipated in Q4 2025[3]
  - Potential for **accelerated (or conditional) approval** submission, subject to PARASOL outcomes, FDA feedback and interim analysis outcomes[3,6]
- **Full study recruitment** of 286 adult patients anticipated in H2 2025[6]
- Additional **pipeline** opportunity(s) identified

3 Potential upside

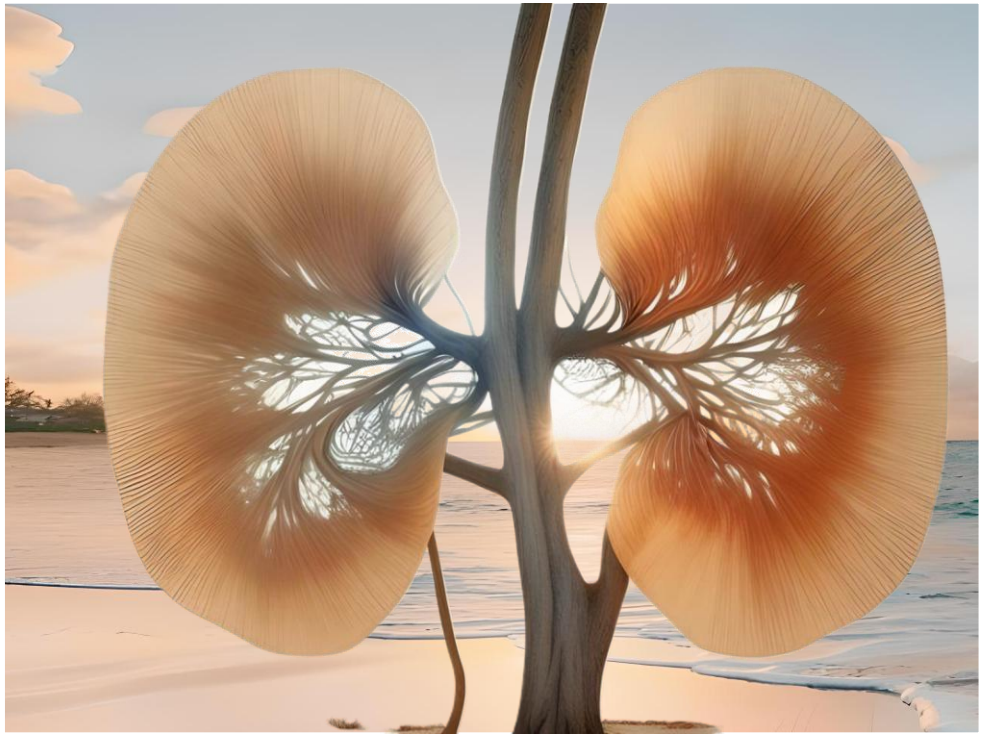
- Additional **licensing partners** for DMX-200: Dimerix continues to pursue potential licensing opportunities in un-licensed territories, including China
- Additional development **milestone payments** from existing licensees if milestone achieved

Dimerix

1. ASX release 01 May 2025; 2. ASX release 07 January 2025 3. FDA Meeting Outcomes, ASX release 28 April 2025; 4. ASX release 30 June 2025; 5. ASX Presentation 07 August 2025; 6. ASX release 30 December 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 · PolyActiva · icetana[AI]

- Experienced technology and governance professional with a focus in operations, risk management, assurance, and AI
- 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 prota ACRUX Hospira[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.

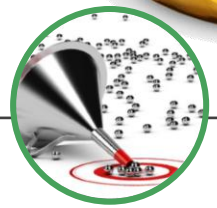
Renal disease landscape

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

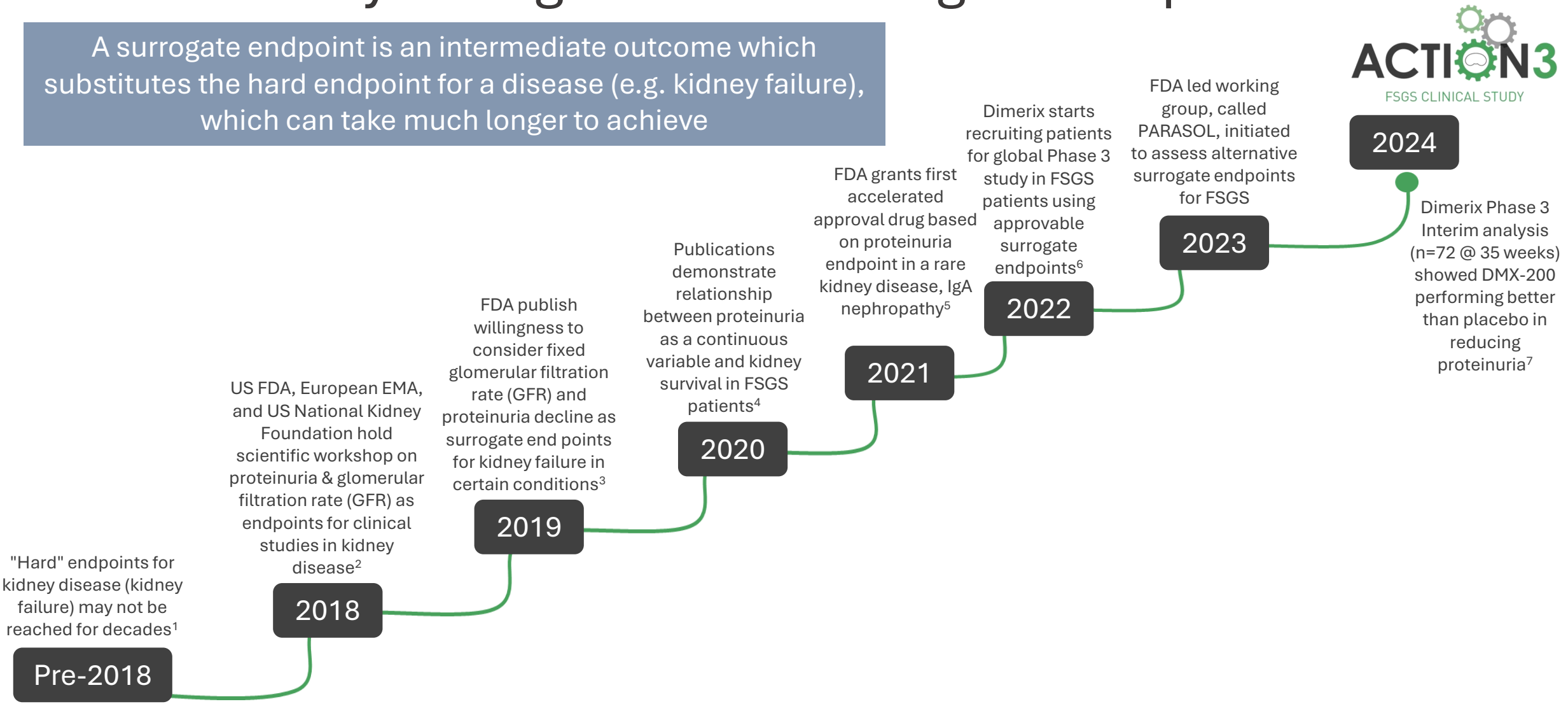
"More change in the past 24 months than the past 24 years: The rapid evolution of [kidney disease] management"[1]

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



Dimerix

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; 5. Predictive Power statistical model, using industry standard as set by the independent renal biostatistician consultant for Dimerix, . Interim Phase 3 analysis data does not guarantee a statistically significant outcome at the end of the trial, ASX release 11 March 2024;

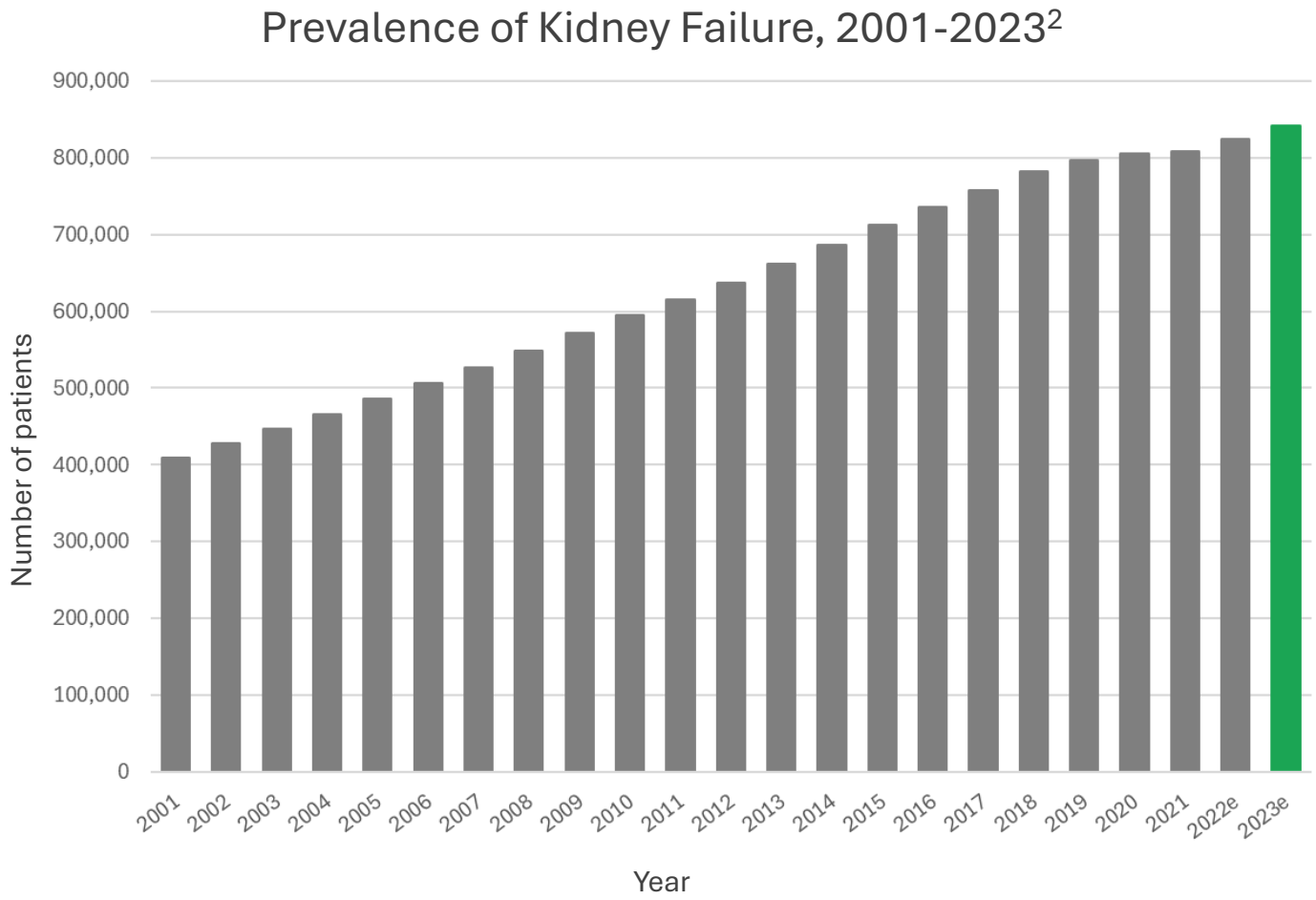
Kidney disease is high interest area for pharma

Kidney disease is the third-fastest-growing cause of death globally[1]

- In the US alone, the number of people with kidney failure increased by >200% from 2001 to 2023[2]
- By 2040, it is expected to become the fifth-highest cause of years of life lost[1,2]

The US government-funded health-care plan (Medicare) spent US$130 billion in 2023 to treat kidney disease patients

- the majority being on dialysis[1,3]



1. Editorial, Time to sound the alarm about the hidden epidemic of kidney disease, Nature 628, 7-8 (2024) doi: https://doi.org/10.1038/d41586-024-00961-5; 2. The United States Renal Data System (USRDS) Annual Report 2023; (2022 & 2023 estimates based on average growth 2001-2021)
3. Francis et al. (2024), Nature Rev. Nephrol. https://doi.org/10.1038/s41581-024-00820-6

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]**

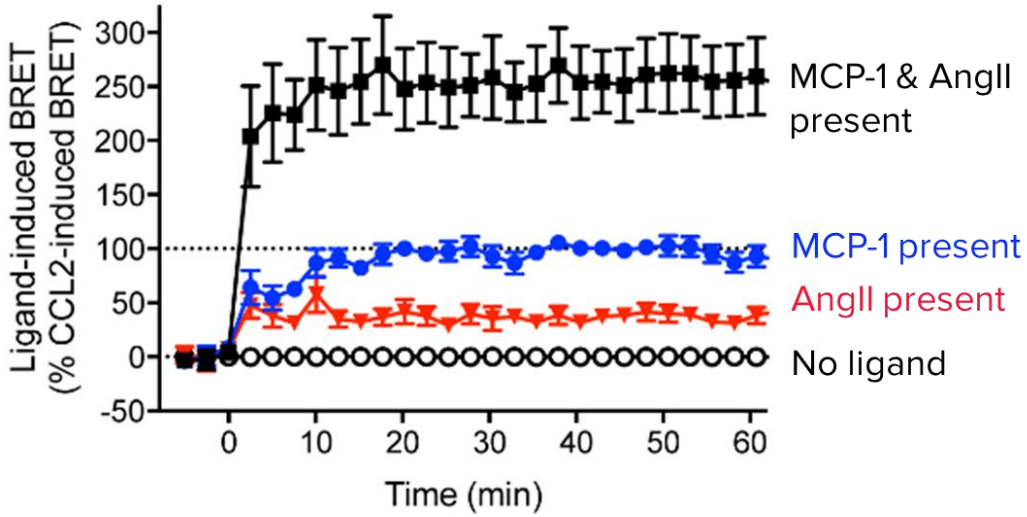
Dimerix

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

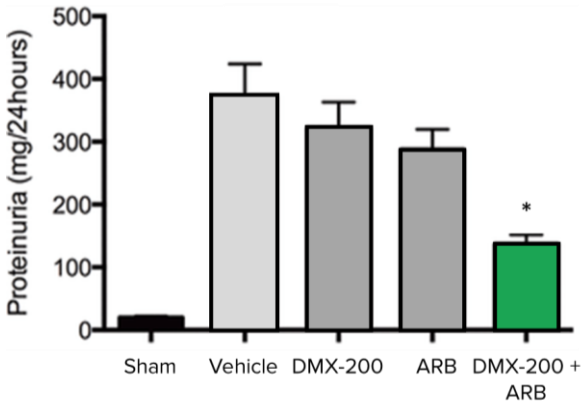
DMX-200 unique heteromer pharmacology

Proprietary discovery platform (Receptor-HIT) identified:

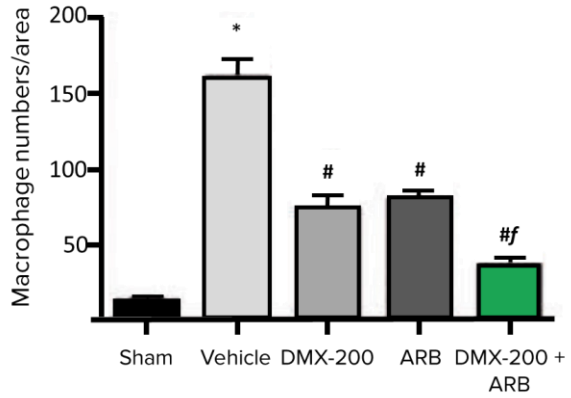
- Formation of AT1R and CCR2 heteromers;
- Novel pharmacology (potentiation of signaling)
- Dual antagonism required for completed inhibition



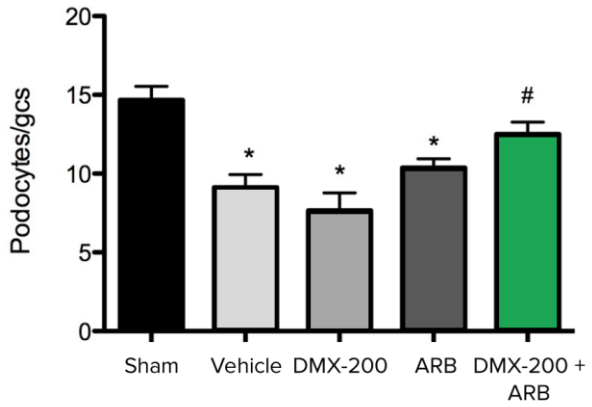
↓ Proteinuria



↓ Macrophage infiltration



Retained podocyte numbers

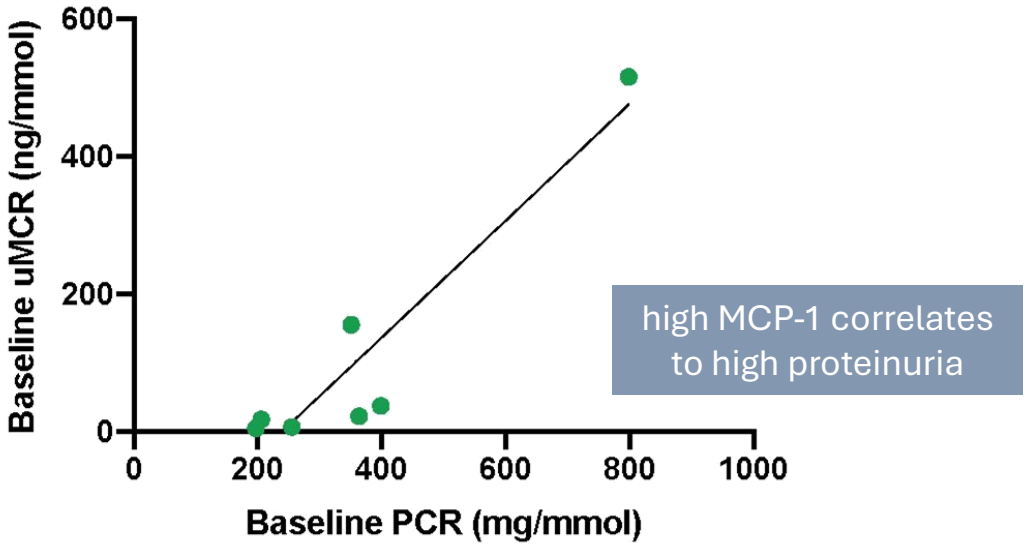


Proposed non-clinical safety package suitability for NDA confirmed with FDA[1]

*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 correspondence

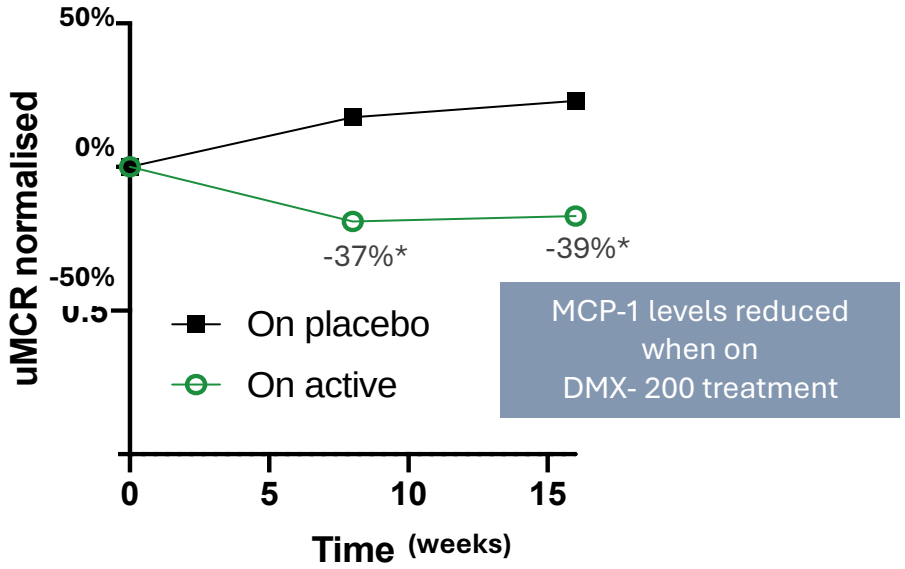
DMX-200 Phase 2 effect on inflammatory biomarker[1]

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

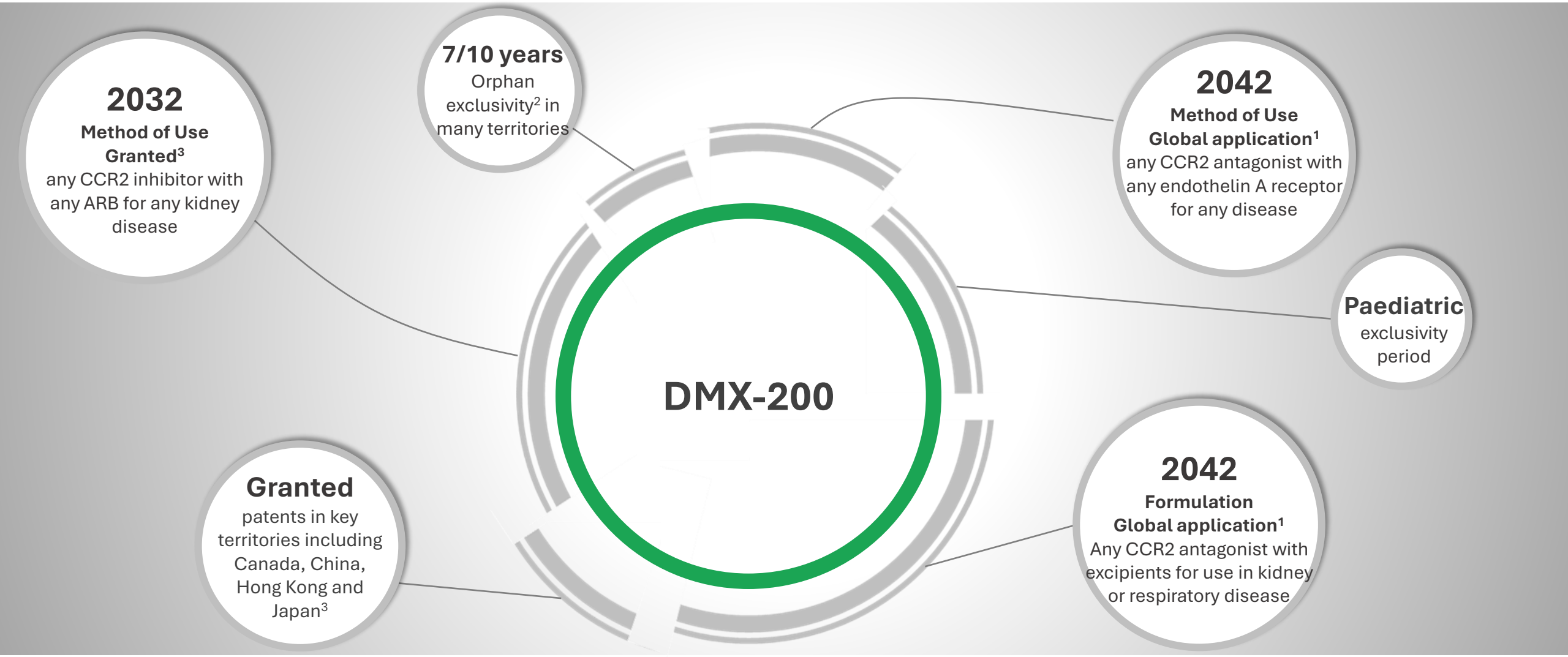
- **16 weeks treatment with DMX-200 vs placebo reduced inflammatory biomarker by 39%:**
  - DMX-200 blocks receptor responsible for inflammation
  - Translates to reduced inflammation and subsequent fibrosis (scarring) in the kidney[2]

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; CN2012800046165; CA2,821,985; EP12734251.7; HK 4104477.8; IL227414; JP2013-547780; SA203/5897; AU2012206945