



ASX / Media Release
12 September 2022

Invex to Present at Virtual ASX Small and Mid-Cap Conference On- Demand Event

Invex Therapeutics Ltd (Invex, ASX:IXC, or the Company) a clinical-stage biopharmaceutical company focused on the development and commercialisation of Presendin™ (sustained release Exenatide) for neurological conditions relating to raised intracranial pressure, today announces an upcoming on demand presentation by Dr Tom Duthy, Executive Director, as part of the upcoming virtual ASX Small and Mid-Cap Conference to be held on 13 – 14 September 2022.

A copy of the presentation is attached to the release.

In addition, investors wishing to view the on-demand video of the presentation and register for the event can follow this link: <https://asx.delegateconnect.co/>

The ASX Small and Mid-Cap Conference is a bi-annual event established in 2018 to support and promote ASX-listed companies in their capital market interface. The conference showcases quality ASX-listed companies to our vast network of Australian investors. The conference sees over 20 ASX-listed companies present their vision, strategy, and investment proposition to over 2,000 investors via a 15-minute live stream presentation and 15-minutes of Q&A. Due to significant demand, the ASX has included an 'on-demand' feature in the conference, with Invex Therapeutics invited to participate.

- ENDS -

This release dated 12 September 2022 has been authorised for lodgement to ASX by the Board of Directors of Invex Therapeutics.

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About Invex Therapeutics Ltd

Invex is a biopharmaceutical company focused on the repurposing of an already approved drug, Exenatide, for efficacious treatment of neurological conditions derived from or involving raised intracranial pressure, such as Idiopathic Intracranial Hypertension (IIH), acute stroke and traumatic brain injury. Invex has trademarked its repurposed Exenatide as Presendin™. www.invextherapeutics.com.



Invex Therapeutics

ASX Small to Mid Conference On-Demand Event

Dr Tom Duthy, Executive Director

September 2022

ASX Code: IXC

Disclaimer

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Company Snapshot



Company	
Repurposed, Proven Drug	Presendin™ (SR-Exenatide)
Clinical Stage	Phase III (Single Trial)
Orphan Disease Focus	Idiopathic Intracranial Hypertension (IIH)
Orphan Designation Granted	USA + EU/UK
Total Addressable Market	\$1.6 billion annually (USA/EU/UK)
Valuation Drivers	Clinical, regulatory, patent

Capital	
Shares on Issue	75.2 million
Unlisted Options	4.6 million
Ave. Quarterly Cash Burn (12 mth trailing)	\$0.85 million
Cash (30 June-22)	\$29.3 million
Market Capitalisation (19 Aug-22) ¹	\$48.9 million
Enterprise Value (19 Aug-22)	\$19.6 million

¹Based on a closing price of \$0.65

Major Shareholders (as at 1 August 2022)



Directors / Management	16.8%
Tattarang	11.8%
Tisia Nominees Pty Ltd	5.3%
JK Nominees Pty Ltd	4.0%
Anthony Grist	3.6%
University of Birmingham	2.7%

Top 20 Shareholders 58.0%

Board of Directors



Dr Jason Loveridge	Non-Executive Chairman
Professor Alexandra Sinclair	Executive Director & Chief Scientific Officer
Dr Tom Duthy	Executive Director
Mr David McAuliffe	Non-Executive Director
Dr Megan Baldwin	Non-Executive Director



Invex Therapeutics - Executive Summary

Late-stage drug development company targeting the orphan disease Idiopathic Intracranial Hypertension (IIH)



Attractive Market Dynamics

- IIH Total Addressable Market (TAM) in the US and EU/UK of **A\$1.6 billion per annum** (~A\$1 billion EU/UK, ~A\$0.6 billion US) and growing at 3.4% p.a.
- Unencumbered drug therapy market – no approved treatments, no new treatments in clinical trials
- Urgent market need, chronic administration required



Supportive Clinical Data

- Strong Phase II clinical data - efficacy demonstrating a strong and sustained drug effect in the IIH population
- No significant safety concerns over 12 weeks of treatment
- Single Phase III clinical trial targeting registration of Presendin™ (sustained-release (SR) Exenatide) in the EU, UK and Australia



Significant Barriers to Competition

- Orphan drug designation in US (7 years exclusivity) and Europe (10 years exclusivity)
- Issued patents for use of Exenatide in IIH in US, EU and Japan out to beyond 2035
- Additional patents pending



Invex Therapeutics - Executive Summary

Late-stage drug development Company targeting the orphan disease Idiopathic Intracranial Hypertension (IIH)



The Disease¹

- Dysregulation of cerebral spinal fluid secretion in the brain, leading to high intracranial (brain) pressure (ICP)
- >90% of cases overweight women of childbearing age with no known cause
- >90% suffer headaches that are progressively more severe and frequent
- Up to 25% suffer permanent vision loss due to elevated ICP impact on optic nerve



The Impact²

- Invasive surgical and/or device interventions to temporarily lower ICP and preserve vision (sig. side effects)
- 40% of patients have repeat hospital admissions, with average stays of 2.7 days
- Sig. impact on quality of life and rapidly rising healthcare costs e.g., £462M in UK by 2030 (5x increase on 2017)



The Solution


- Exenatide: a well know GLP-1 receptor agonist: link to IIH established by Prof. Sinclair (IXC Director, CSO)
- Strong scientific basis for benefit with a well defined mechanism of action
- Patent protection secured: use of Exenatide in IIH & other indications
- Presendin™ - once weekly dosing improves compliance and safety

1. Corbett JJ, et al. Arch Neurol. Visual loss in pseudotumor cerebri. Follow-up of 57 patients from five to 41 years and a profile of 14 patients with permanent severe visual loss; Markey et al., Understanding idiopathic intracranial hypertension: mechanisms, management, and future directions (2016).
2. Mollan et al., EYE. The expanding burden of idiopathic intracranial hypertension (2019)





IIH Total Addressable Market (TAM)

Key Inputs¹⁻⁵

 ~24,000 EU/UK patients

 ~16,000 US patients


 60% Diagnosed


 90% Drug Treatable


 4.3 year disease duration
~92k active patients


 A\$1,500 cost per month*
*Example only (ref. drug pricing) - final market price for Presendin™ TBD

Market Size (Annual)⁶

 ~A\$1.0 Billion

 ~A\$0.6 Billion

 ~A\$1.6 Billion


 3.4% growth

Market Drivers

 Increasing obesity rates

 Increasing awareness

 10% ↑ in diagnosis rate =
↑ A\$300 million in TAM

 >A\$2.3 Billion market by 2030



INITIAL TARGET MARKETS – EU, UK, AU

1. Mollan et al., EYE. The expanding burden of idiopathic intracranial hypertension (2019) incidence rate of 4.7/100,000 general population, n=23,182 . Targets markets are EU 27(& UK) + USA
2. Mollan SP, et al. Idiopathic intracranial hypertension: consensus guidelines on management (2018) ; InVex estimate re % presenting headache severity
3. Simoens et al., "what price do we pay for repurposing drugs for rare diseases"? (2016) – average 66x & InVex initial pricing analysis => pricing subject to change
4. D. Friesner et al., Idiopathic intracranial hypertension in the USA: the role of obesity in establishing prevalence and healthcare costs (2010)
5. Assumes average of obesity growth rates in UK (<https://www.oecd.org/els/health-systems/Obesity-Update-2017.pdf>) and historical incidence growth rate
6. Data as at 2020 estimates.



Recent Highlights / Milestones

Received Three Regulatory Approvals to Commence Phase III “IIH EVOLVE” Clinical Trial

- Secured Medicines & Healthcare products Regulatory Agency (MHRA) approval in the UK & Ethics Approval – late Q2 CY22
- Secured Therapeutics Goods Administration (TGA) approval & Human Research Ethics Committee (HREC) approval – early Q3 CY22
- US Food and Drug Administration (FDA) Approval for Investigational New Drug application (IND) – August 2022



Major Scientific Dissemination of Phase II “PRESSURE” Trial Data

- The results of the PRESSURE trial have undergone peer review and presented at major, relevant medical conferences
- Key Opinion Leader Engagement, Clinical leads for IIH EVOLVE Phase III Trial
- Significant interest in Invex Phase III Trial (lack of approved therapies, urgent market need)



Critical Components for Success

MANUFACTURING

Exclusive Agreement with Pepton, Inc. for 1x per week Presentin™ clinical and commercial supply.



CLINICAL

Single Phase III clinical trial designed with expert input.



REGULATORY

AU registration via TGA,
UK registration via MHRA,
European registration via EMA,
U.S. clinical sites via FDA.



FUNDING

\$29.3 million cash –
fully funds Phase III
trial to registration.



Manufacturing



STRATEGIC PARTNER PEPTRON

Established a long-term strategic partner for Invox (Sep 2021)
Listed on South Korean KOSDAQ Exchange (KS:087010)



TIME & RISK REDUCTION

Significant clinical and non-clinical data package provided by Peptron
Significant de-risking of Invox's development of Presendin™ in IIH



PEPTRON EXPERTISE

Long-Acting Peptide Formulation specialists (SmartDepot™ Technology)
Ongoing product development activities



FINANCIAL

Strong economics

- fixed price per dose
- no royalties
- no milestone payments



MANUFACTURING

Financially robust
Commercial-scale capacity
Established 16,000sqM GMP facility for exenatide formulation



PATIENTS

Once weekly dosing provides better compliance and convenience





Randomised double-blinded, placebo controlled multi-centre clinical trial to determine safety and efficacy of Presendin™ in IIH

40 centres across EU, UK, Australia, NZ, Israel and the US | 240 patients | 24 months recruitment

Primary Endpoint

Change in Intracranial Pressure (ICP) from baseline at 24 weeks



Secondary Endpoint

Change in Perimetric Mean Deviation (PMD) from baseline over 24 weeks



Secondary Endpoint

Papilloedema (optic nerve swelling) by change in OCT¹ measures over 24 weeks



Secondary Endpoint

Change in Monthly Headache Days (MHD) from baseline over 24 weeks



Safety

Adverse events rate, anti-drug antibodies and general lab measures

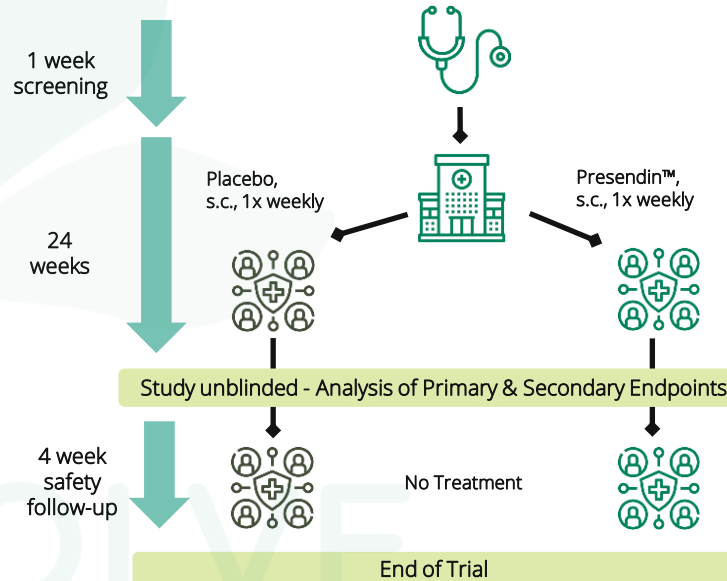


Quality of Life

Patient reported outcomes (SF-36, ED-5D-5L, VFQ-25), monthly patient diary



Phase III Schematic



Designed to meet registration (approval) requirements in the UK, EU and Australia; data to inform US FDA registration next steps



IIH EVOLVE Phase III



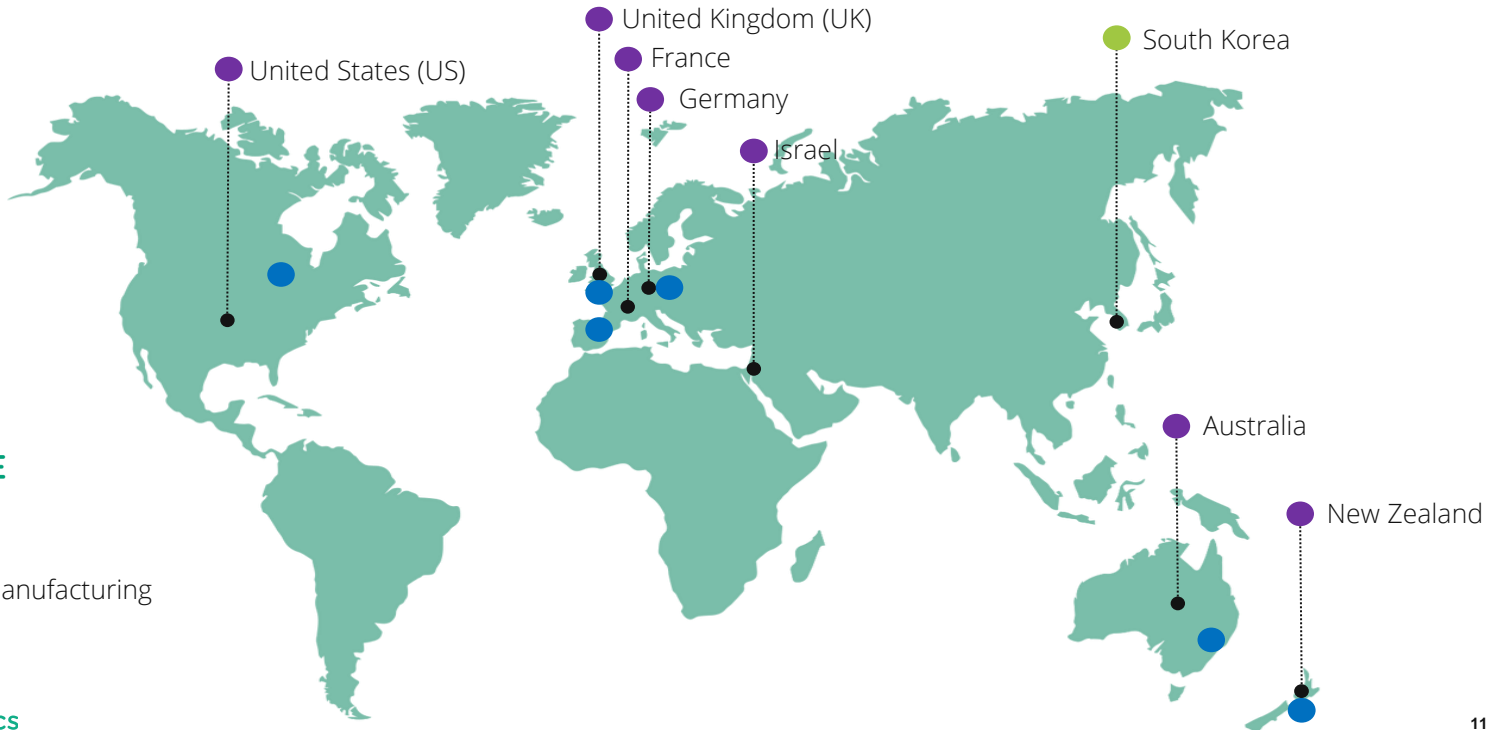
Manufacturing



Clinical Sites



Trial Steering Committee (TSC)



IIH EVOLVE

● TSC Members

● Presendin™ Manufacturing

● Clinical Sites



Trial Steering Committee – Global Leaders in IHH



IIH EVOLVE

A PHASE III CLINICAL TRIAL FOR
IDIOPATHIC INTRACRANIAL HYPERTENSION (IIH)



www.invetxtherapeutics.com

ABOUT IIH

Idiopathic intracranial hypertension (IIH) happens when high pressure around the brain causes symptoms like vision changes and headaches. The high brain pressure likely results from an imbalance in brain fluid (cerebrospinal fluid (CSF)). This causes pressure to build up, pushing on the optic nerves and on the optic chiasm at the back of the eye, called the optic chiasm. There is no known cause. Idiopathic IIH is predominantly associated with females of child-bearing age (70% of cases), but men can be affected as well.

IIH causes disabling long-term headaches. Additionally, as fluid builds up around the nerve at the back of the eye, the eye can cause compression and damage to the optic nerve and is self-treated can lead to permanent blindness. There are a number of other features of the disease which can be very disabling for example, ringing in the ears, neck and back pain and enlarged optic nerves. Although previously thought to be rare, the number of patients with IIH is increasing. In one study, 10% of the last 10 years). For most, unfortunately IIH is a chronic condition and only patients have long-term symptoms of disease.

DIAGNOSIS OF IIH

The majority of patients presenting with IIH have symptoms that include a headache that is progressively more severe and frequent, IIH is diagnosed based on the patient's clinical features (Box A) followed by a defined set of criteria (Box B).

Criteria	Criteria
1. Headache	1. Progressive increase in headache frequency and severity
2. Progressive increase in headache frequency and severity	2. Progressive increase in headache frequency and severity
3. Progressive increase in headache frequency and severity	3. Progressive increase in headache frequency and severity
4. Progressive increase in headache frequency and severity	4. Progressive increase in headache frequency and severity
5. Progressive increase in headache frequency and severity	5. Progressive increase in headache frequency and severity

Miller et al. Idiopathic intracranial hypertension consensus guidelines on management of Headache (Pain) 2018 (October 2018) (October 2018)

Investigation and management depend on symptoms and signs and requires an interdisciplinary team approach. There are clear diagnostic criteria and consensus treatment guidelines (2018), and as a result the awareness of IIH is growing and identification of cases is anticipated to increase.

Current treatments include weight loss management and medical therapies such as acetaminophen, although these are all sub-optimal for IIH and have side effects which can be intolerable for patients. The focus of our IIH research is to develop a novel, targeted neuroprotective compound, Invextherapeutics' IIH, CIP, designed to reduce the ICP and pressure within the brain. There is a need for new safe and effective treatments for IIH. Invextherapeutics is a novel, targeted neuroprotective formulation of Evancele to treat IIH.

<https://invextherapeutics.com/iih-evolve/>

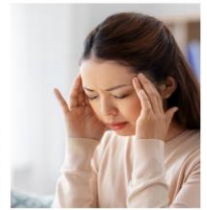
ABOUT PRESENTIS

Presentis is a sustained release (SR) formulation of Evancele in a biodegradable poly (lactide-co-glycolide) matrix (PLGA) designed as a single per month, subcutaneous injection, still in Phase III development. The injection must be done at home by the patient (or caregiver) since training has taken place. Evancele is a small peptide and a synthetic version of the CYP-1A agonist, which is currently approved for the treatment of type 2 diabetes. But does not cause dangerous lowering of blood sugar levels. Evancele has been licensed for use in Europe (Evancele since 2010) so there is a wealth of knowledge about the drug safety. Common side effects of Evancele include nausea, sense of dizziness or lightheadedness, which are typically short lived. Most of these side effects tend to go away within a few days of a single or two and serious side effects are uncommon. Evancele has also been licensed in the USA.

ABOUT IIH EVOLVE

IIH EVOLVE is a randomised, placebo-controlled, double-blind Phase III clinical trial in 250 adult patients with newly diagnosed IIH with painless blurring of vision, papilloedema to determine the efficacy and safety of Presentis versus placebo. Participants will remain on their current treatment for 24 weeks. The primary endpoint of IIH EVOLVE will assess efficacy of Presentis to reduce ICP over 24 weeks compared to placebo.

Secondary endpoints will assess changes in vision (the visual field, Perimetry Mean Deviation (MD) and perimetry) and headache measures (such as Monthly Headache Days (MHD) over 24 weeks). There needs to be open to all clinical sites across the UK, Europe, Australia, India, New Zealand and the USA. Information on the trial is available at clinicaltrials.gov under identifier NCT04287447.



IIH EVOLVE



Professor Michael Wall – Chair

Professor of Neurology and Ophthalmology at the University of Iowa. Director of the Iowa Visual Field Reading Center.



Associate Professor Clare Fraser – Member

Assoc. Professor Neuro-ophthalmology, University of Sydney. Consultant Visiting Medical Officer at both Sydney Eye Hospital and Liverpool Hospital.



Professor Patricia Pozo-Rosich – Member

Professor Pozo-Rosich is a Head of Section in the Neurology Department at Vall d'Hebron University Hospital in Barcelona and Director of the Migraine Adaptive Brain Centre.



Professor Susan Mollan – Member

Professor Mollan is Honorary Professor at the University of Birmingham and a Consultant Neuro-ophthalmologist at University Hospitals Birmingham (UHB). Lead author IIH consensus treatment guidelines (2018/9).



Professor Helen Danesh-Meyer – Member

Professor Danesh-Meyer is Professor, Faculty of Medical and Health Sciences, Ophthalmology, Sir William and Lady Stevenson Chair in Ophthalmology, Head of Academic Neuro-ophthalmology and Glaucoma, University of Auckland and a Director of the Eye Institute.



Professor Dr Wolf Lagrèze – Member

Professor Lagrèze is Professor of Ophthalmology at the University Medical Center Freiburg, Germany, where he holds the Chair of Neuro-ophthalmology and Pediatric Ophthalmology.



Other Committees – Independent Oversight



Data Safety Monitoring
Committee
(DSMC)



Independent Adjudication
Committee
(IAC)



Vision IAC



Headache IAC



Regulatory



Phase III IIH-EVOLVE clinical trial for Presendin™ is intended to initially support: EMA, TGA & MHRA approval for treatment of IIH (\$1Bn TAM)



 Efficient

 Cost-Effective

 Clinical Harmonisation



Milestones for 2H CY22

- Completion of additional regulatory filings and/or approvals:
 - Investigational New Drug Application (IND) with the US Food and Drug Administration (FDA) – **achieved August 2022**
 - HREC approval (public hospital) Australia
 - Medsafe - New Zealand
 - Hospital Clearance / Ministry of Health - Israel
 - National Competent Authorities – Europe
- Progressive opening of clinical sites
- First patient recruited and dosed (likely UK or Australia)



Summary & Outlook

- Single Phase III trial designed to support Presendin™ market approvals in the EU, UK and Australia - \$1 billion+ unencumbered TAM
- Potential for rapid incorporation of Presendin™ into IIH treatment guidelines
- IIH-EVOLVE includes an economic evaluation to facilitate the health technology assessment (HTA) process
- Data generated from trial will inform discussions with FDA to understand regulatory requirements for future clinical trials/approval
- Potentially first-ever regulatory approved drug for IIH in any jurisdiction world-wide
- Fully funded Phase III program - **\$29.3 million cash (FY22)**, exited FY22 with annualised corporate costs (ex R&D, share-based payments) of **~\$1 million** per annum



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