Improving Lives

Neurotech International

Phase I/II ASD 20 Week Results & Capital Raise: Investor Presentation

Dr Tom Duthy
Executive Director

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Disclaimer

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Presentation Contents

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ASD Phase I/II Results

Neurotech Strategies

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Summary & Outlook

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Phase I/II Clinical Results: Autism Spectrum Disorder (ASD)

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"The goals of treatment for ASD are to improve core deficits in social communication and social interactions and minimize the impact of restricted behaviours, with an overarching goal to help children develop greater functional skills and independence." [1]

1. Weitlauf AS, McPheeters ML, Peters B, et al. Therapies for Children With Autism Spectrum Disorder: Behavioural Interventions Update. Rockville (MD): Agency for Healthcare Research and Quality (US); 2014 Aug. (Comparative Effectiveness Review, No. 137.) Introduction.

Autism Spectrum Disorder (ASD)

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Market

PREVALENCE OF ASD
~1 in 44 children in the US[1]

Current Treatment

TREATMENT MARKET SIZE
US$1.85b[2]

RISPERIDONE
Approved 2006
(irritability label claim)

Clinical Trial

ASD is a serious <u>neuro inflammatory</u> developmental disorder that impairs the ability to communicate & interact

Common symptoms; behavioural issues, agitation, repetitive movements, inability to focus & compulsive neurological patterns

Huge unmet medical need - patients need better treatment

Current drugs have numerous side effects; weight gain, breast tissue development, nausea, dry mouth, anxiety, irritability, insomnia, stomach pain & movement disorders

Initial Focus of NTI164 – A full spectrum, oral cannabinoid biopharmaceutical product

Strong Scientific Rationale

- Anti-inflammatory effects + safety
- Clinician support
- High Patient/Caregiver interest
- Risperidone not a clinical standard

1. www.cdc.gov/ncbddd/autism/addm.html
2. https://www.fortunebusinessinsights.com/industry-reports/autism-spectrum-disorder-therapeutics-market-101207-CAGR-of-7-4.html

NTI164 ASD Phase I/II - Trial Design

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The Program

First in human Phase I/II ASD paediatric study

Commenced in May 2021 at Monash Children's Hospital led by A/Prof. Michael Fahey

Open label – single group

14 patients from 8 to 17yo, Level II and III Autism Spectrum Disorder

Data Released 8 July 2022

Dose regime assessments

5mg/kg, 10mg/kg, 15mg/kg and 20mg/kg

2,250 Assessment points

Parameters Anxiety, Participation, Irritability, Hyperactivity, Mood and Self-stimulation

NTI164 ASD Phase I/II – Safety/Efficacy (28 Day Recap)

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NTI164 was Safe

No serious adverse events recorded

Across all doses

93% of patients showed improvement

CGI - Global Improvement

64% of patients "much improved"
29% of patients "minimally improved
7% of patients "no change"

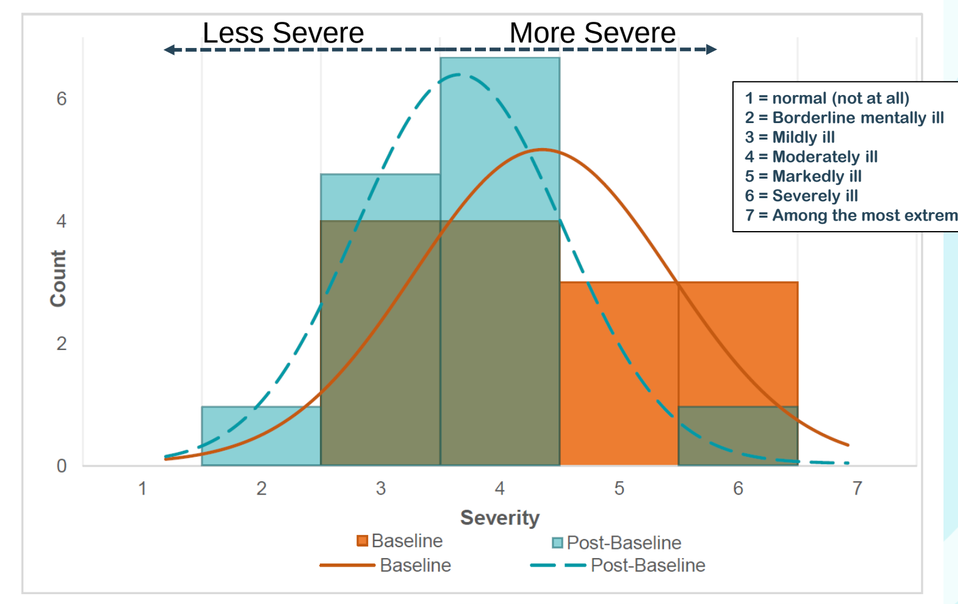
NTI164 reduced 'Severity of Illness' score by 0.8 (18%)

Average rating for the severity of illness at baseline: **4.4**

Average rating for the severity of illness at 28 Days of treatment with NTI164 was **3.6**

p= 0.027

(Note: A p-value < 0.05 is considered statistically significant)



All participants requested to continue for at least 54 weeks – progressive data collected including at 20 weeks

Note: Baseline and 28 day data reported above (ASX Announcement 8 July 2022) represents 14 patients having completed daily treatment with NTI164 to 28 days per study protocol

NTI164 ASD Phase I/II – Safety (20 week Data)

NTI164 Safety Effects Maintained Over 20 Weeks

No serious adverse events recorded

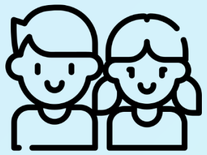
Across all doses

58% patients continued to tolerate maximum dose (20 mg/kg/day) over course of 20 weeks

Only 1 patient on Risperidone at enrollment (not considered a preferred standard of care)

Adverse events were tolerated and manageable

i.e. mild nausea, abdominal pain



A total of 12 patients evaluable at 20 weeks

2 patients stopped treatment (not drug related)

Conclusion: NTI164 longer term (chronic) administration now established with an excellent safety profile and minimal patient-specific side-effects: safety data collected to 54 weeks ongoing

NTI164 ASD Phase I/II – Efficacy (20 week Data)

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Summary Outcome Measures

Sub-Domain	Scale	P-value (Paired T-Test)	Wilcoxon Signed-Rank Test
Severity of illness	**CGI-S**	**0.005**	**0.010**
Global improvement	**CGI-S**	**n/a***	**n/a***
Therapeutic effect	**CGI-S**	**n/a***	**n/a***
Adaptive behaviour composite (Total)	**Vineland-3**	**0.0005**	**0.003**
Communication	Vineland-3	0.002	0.004
Daily living skills	Vineland-3	0.019	0.025
Socialisation	Vineland-3	0.014	0.012
Social responsive scale – Total	**SRS-2**	**0.012**	**0.013**
Social awareness	SRS-2	0.596	0.439
Social cognition	SRS-2	0.028	0.036
Social communication	SRS-2	0.019	0.018
Social motivation	SRS-2	0.118	0.138
Restricted interest and repetitive behaviour	SRS-2	0.009	0.014
Social communication and interaction	SRS-2	0.029	0.021
Anxiety scale for children - Child's total	**ASC-ASD-C**	**0.025**	**0.012**
Performance anxiety	ASC-ASD-C	0.364	0.474
Anxious arousal	ASC-ASD-C	0.12	0.089
Separation anxiety	ASC-ASD-C	0.025	0.035
Uncertainty	ASC-ASD-C	0.033	0.035
Anxiety scale for children - Parent's total	**ASC-ASD-P**	**0.034**	**0.053**
Performance anxiety	ASC-ASD-P	0.07	0.096
Anxious arousal	ASC-ASD-P	0.333	0.229
Separation anxiety	ASC-ASD-P	0.025	0.033
Uncertainty	ASC-ASD-P	0.066	0.084
Sleep disturbances scale for children - Total	**SDSC**	**0.016**	**0.018**
Disorders of initiating and maintaining sleep	SDSC	0.01	0.026
Sleep breathing disorders	SDSC	0.047	0.042
Sleep-wake transition disorders	SDSC	0.094	0.072
Anxiety, depression and mood scale – Total	**ADAMS**	**0.001**	**0.009**

** t-test cannot be performed due to different measurement scale used at baseline*

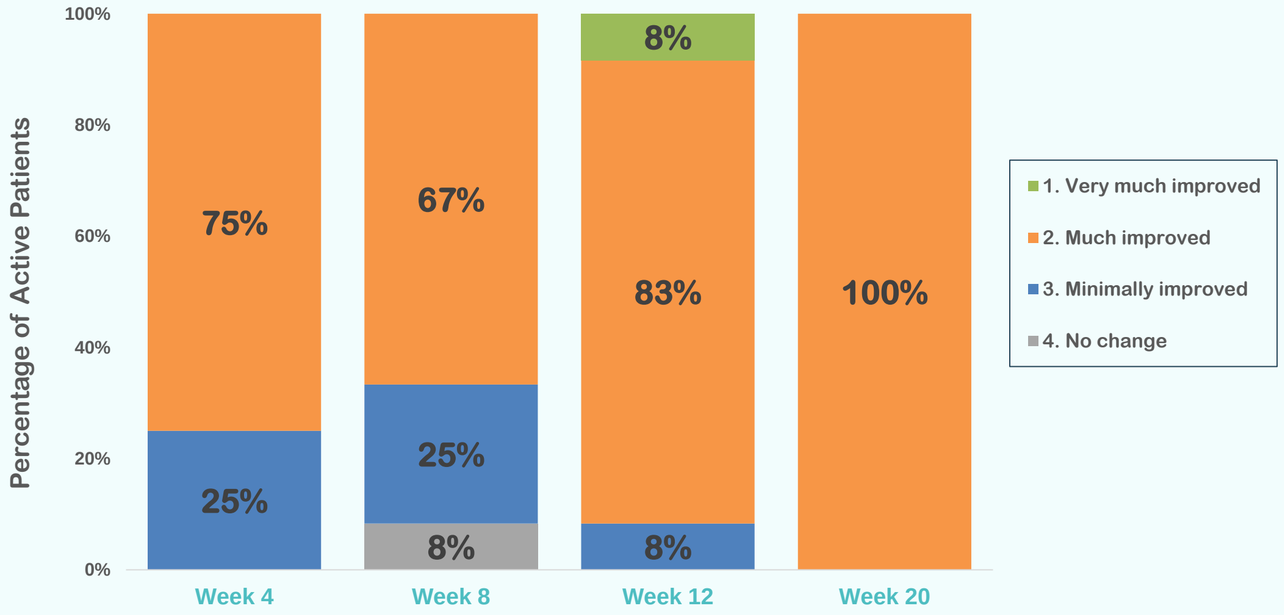
Clinical Interpretation

- **Statistical significance (p<0.05):**
  - **20/27 measures assessed at 20 weeks**
  - **Study was <u>not</u> statistically powered for any efficacy measures (safety was primary endpoint)**
- **Highly significant results for the most clinically important measures:**
  - **Severity of illness**
  - **Adaptive behaviour**
  - **Anxiety, depression and mood**
  - **Social responsiveness**
- **Consistent improvements across multiple standard clinical measures at 20 weeks versus baseline do not support a placebo effect**

Note: Baseline and 28 day data as previously reported has been normalised to exclude those two patients who did not complete 20 weeks of daily NTI164 treatment.

NTI164 ASD Phase I/II – Efficacy (20 week Data)

CGI-Global improvement [1]



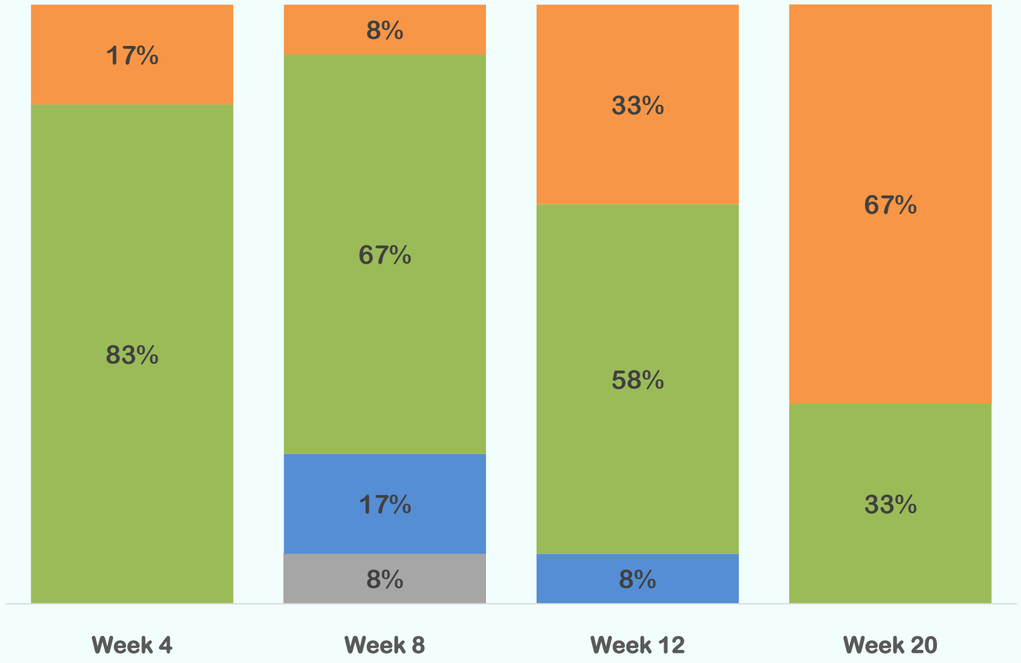
Clinical Interpretation

- 100% of active patients showed improvement after 20 weeks of daily treatment with NTI164
- All patients had a global improvement of 2: Much improved

1. Clinical Global Impression (CGI) - is a physician/observer-rated scale synthesizing the clinician's impression of the global state of an individual & frequently employed in clinical trials for neuropsychiatric disorders. Baseline and 28 day data as previously reported has been normalised to exclude those two patients who did not complete 20 weeks of daily NTI164 treatment. The CGI is a 3-item observer-rated scale that measures illness severity, global improvement and therapeutic effect.

NTI164 ASD Phase I/II – Efficacy (20 week Data)

CGI-Therapeutic Effect[1]



Therapeutic Effect (Efficacy Index)

- **1 = Marked -** Vast improvement. Complete or nearly complete remission of all symptoms. No side effects.
- **2 = Marked -** Vast improvement. Complete or nearly complete remission of all symptoms. Side effects do not significantly interfere with patient's functioning.
- **5 = Moderate -** Decided improvement. Partial remission of symptoms. No side effects.
- **6 = Moderate -** Decided improvement. Partial remission of symptoms. Side effects do not significantly interfere with patient's functioning.
- **7 = Moderate -** Decided improvement. Partial remission of symptoms. Side effects significantly interfere with patient's functioning.
- **9 = Minimal** - Slight improvement. Doesn't alter status of care of patient. No side effects.
- **10 = Minimal** - Slight Improvement. Doesn't alter status of care for patient. Side effects do not significantly interfere with patient's functioning.
- **13 = Unchanged or Worse**. No side effects.

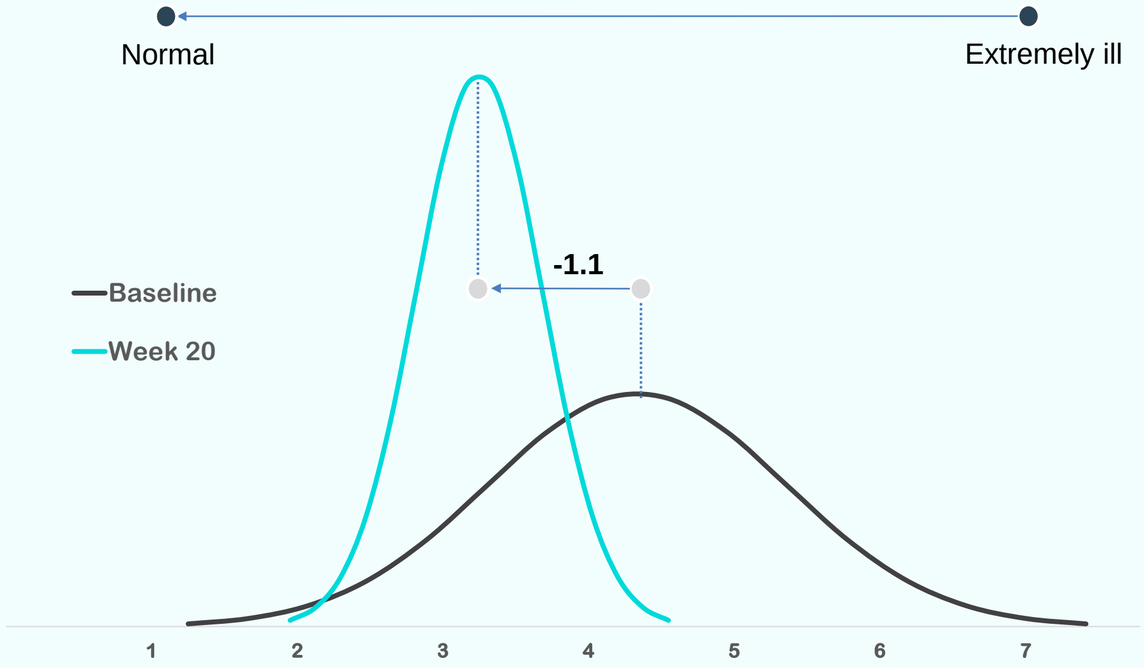
Clinical Interpretation

- **67% of active patients demonstrated the highest possible efficacy indexes of 1 and 2: Complete or nearly complete remission of all symptoms.**
- **33% of patients were decidedly improved. Partial remission of symptoms**
- **Potential for further improvement to 54 weeks**

1. Clinical Global Impression (CGI) - is a physician/observer-rated scale synthesizing the clinician's impression of the global state of an individual & frequently employed in clinical trials for neuropsychiatric disorders. Baseline and 28 day data as previously reported has been normalised to exclude those two patients who did not complete 20 weeks of daily NTI164 treatment. The CGI is a 3-item observer-rated scale that measures illness severity, global improvement and therapeutic effect.

NTI164 ASD Phase I/II – Efficacy (20 Week Data)

CGI-Severity of illness[1] (p = 0.005)



1. Normal, not at all ill
2. Borderline mentally ill
3. Mildly ill
4. Moderately ill
5. Markedly ill
6. Severely ill
7. Among the most extremely ill patients

Mean Severity of Illness (n=12)

Clinical Interpretation

- NTI164 treatment is associated with a significant reduction in disease severity (1.1 scale change, 26% improvement)
- ~40% of subjects markedly or severely ill at baseline – 0% from week 4 onwards
- Potential for further improvement to 54 weeks

1. Clinical Global Impression (CGI)- is a physician/observer-rated scale synthesizing the clinician's impression of the global state of an individual & frequently employed in clinical trials for neuropsychiatric disorders. Baseline and 28 day data as previously reported has been normalised to exclude those two patients who did not complete 20 weeks of daily NTI164 treatment. The CGI is a 3-item observer-rated scale that measures illness severity, global improvement and therapeutic effect.

NTI164 ASD Phase I/II – Efficacy (20 week Data)

Vineland™-3[1]

- Standardised measure of adaptive behaviour (3 month+ measure)
- Norm-based: adaptive functioning compared to others of same age
- Excellent test, re-test reliability & between rater (clinician, parent)

Vineland-3 Domain	P-value *(Paired T-Test)*
Adaptive behaviour composite	**0.0005**
Communication	0.002
Daily living skills	0.019
Socialisation	0.014

Clinical Interpretation

- Adaptive behaviour improvement is a treatment goal in ASD
- Highly significant improvements in composite outcome **AND** individual domains of communication, daily living, socialisation at 20 weeks

1. Vineland™-3 is internationally recognised as a leading instrument for supporting the diagnosis of intellectual and developmental disabilities in ASD; specifically adaptive behaviour. Adaptive functioning, which are skills people need to function independently at home, at school and in the community is an important factor in predicting long-term outcomes for people with ASD. Improving adaptive abilities in patients is therefore a desirable treatment goal. The adaptive behaviour composite consists of (a) communication, (b) daily living skills & (c) socialisation. Baseline data as previously reported has been normalised to exclude those two patients who did not complete 20 weeks of daily NTI164 treatment.

NTI164 ASD Phase I/II – Efficacy (20 week Data)

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SRS™-2[1]

Children with autism spectrum disorder have difficulty with social interaction behaviours, including establishing and maintaining relationships, reciprocating social interaction, and communicating with others. SRS-2 is a validated measurement tool of assessing these factors

SRS-2 Domain	P-value *(Paired T-Test)*
Total	**0.012**
Social awareness	0.596
Social cognition	0.028
Social communication	0.019
Social motivation	0.118
Restricted interest and repetitive behaviour	0.009
Social communication and interaction	0.029

Clinical Interpretation

- Achieved strong overall statistical significance for social responsiveness (p=0.012)
- NTI164 targets social skills: beneficial for social functioning and social anxiety symptoms
- Social communication differences are one of the core features of ASD

1. Social Responsiveness Scale (SRS™-2) is internationally recognised as a leading instrument (65 items) for identifying the presence and severity of social impairment within the autism spectrum and differentiates it from that which occurs in other disorders. The SRS-2 total score is the most reliable measure for social deficits related to ASD. SRS-2 is distinct from other measures in that it provides a continuous measure of social ability (from impaired to above average) instead of a categorical yes/no identification of ASD impairments. High scores are associated with more severe social impairments. SRS-2 is a valid and reliable quantitative measure of core ASD symptoms related to social impairment.

NTI164 ASD Phase I/II – Efficacy (20 week Data)

Anxiety (Parent/Child)

Anxiety Scale	Baseline Mean	Week 20 Mean	Mean Difference	P Value (Paired T-test)
Parent Version (ASC-ASD-P) *n=10*	29.4	22.2	-7.2	0.034
Child Version (ASC-ASD-C) *n=11*	29.5	18.2	-11.2	0.025

40% of young people with ASD have clinically elevated levels of anxiety or at least one anxiety disorder. It is particularly important to recognize and treat anxiety in ASD since it has a great impact on the course and the core aspects of the disorder, exacerbating social withdrawal as well as repetitive behaviours. [1]

Clinical Interpretation

- Statistically significant and clinically meaningful 24% improvement in anxiety scale (parent, p=0.034) and 38% improvement in child version (p=0.025)
- Improvements in anxiety, adaptive behaviour and social responsiveness: important benefits for child

1. Anxiety and Depression Association of America

Data Comparison & Context - Risperidone

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	RISPERIDONE	NTI164
CGI-Severity of illness	• (n=96): -1.0 from baseline at 12 months[1] • (n=38): -0.7 from baseline at 48 weeks[2]	• -1.1 change at 20 weeks (p=0.005), 26% improvement • ~40% of subjects markedly or severely ill at baseline – 0% from week 4 onwards • At 20 weeks, mean result: 100% mildly ill

CGI- Improvement	• (n=15): CGI-I changes after 8 weeks from baseline[3]
	  • 27% - very much improved
	  • 47% - much improved
	  • 20% - minimal improved
	  • 6.6% - no change
		• 100% of active patients showed improvement after 20 weeks of daily treatment with NTI164
		• All patients had a global improvement of '2. Much improved'

Vineland™-3	• Near absence of RCTs examining Vineland noted in the medical literature • No impact on social interaction and communication[4]	• Adaptive behaviour composite score (p=0.001) • Highly significant improvement • Highly significant improvements also in domains of communication, daily living, socialisation at 20 weeks
Safety	• Significant weight gain Increase in BMI by 0.62[1] • Weight gain[2] • Increase in appetite, sedation[3]	• No change to weight • No change to appetite • Mild nausea, stomach pain

RCT- randomised controlled trial; BMI – Body Mass index

"The goals of treatment for ASD are to improve core deficits in social communication and social interactions and minimize the impact of restricted behaviours, with an overarching goal to help children develop greater functional skills and independence."

1. Kent, et al. Risperidone Dosing in Children and Adolescents with Autistic Disorder: A Double-Blind, Placebo-Controlled Study. Journal of autism and developmental disorders. 2012. 43. 10.1007
2. A Study to Evaluate the Efficacy and Safety of Risperidone (R064766) in Children and Adolescents With Irritability Associated With Autistic Disorder, 2015
3. Ghaeli P et al. Effects of risperidone on core symptoms of autistic disorder based on childhood autism rating scale: an open label study. Indian J Psychol Med. 2014 Jan;36(1):66-70.
4. McDougle CJ, et al.. Risperidone for the core symptom domains of autism: results from the study by the autism network of the research units on pediatric psychopharmacology. Am J Psychiatry. 2005 Jun;162(6):1142-8

NTI164 ASD Phase I/II – Conclusions

- Any significant change over time for measures of CGI-S, Vineland™-3 and SRS™-2 are considered clinically meaningful: NTI164 showed sig. improvement for all measures at 20 weeks v baseline
- NTI164 is a patient ‘enabling’ drug with non-drug behavioural therapies, by improving daily living and allowing children to integrate into society via significant improvements in socialisation & anxiety versus ‘restrictive’ prescription of Risperidone (prevention of aggression, irritability)
- Approximately 6,300 assessment points now collected at 20 weeks. Trial continues to 54 weeks, with data to form part of FDA IND submission
- Data strongly supports progression to randomised, double-blind, placebo-controlled ASD Phase II/III clinical trial: expected to commence in Q4 CY2022 – HREC has been submitted

Professor Michael Fahey – Lead Investigator

“I am extremely encouraged by the 20-week results and the clinical improvements in troubling symptoms we have seen to date. These benefits, as measured by standardised scales, relate to global improvement, severity of illness, socialisation, adaptive behaviour, communication and reduction in anxiety. These results provide positive momentum as we move to the commencement of the next phase of clinical development. This is a strong indication that NTI164 has the potential to be an enabling treatment for some of the symptoms that cause people with Autism Spectrum Disorder distress.”

* Subject to further clinical analysis and interpretation, along with the receipt of the complete Clinical Trial Report from the Study Investigator / Contract Research Organisation

Neurotech:
Strategies, Pipeline, Milestones, Outlook

Neurotech is a clinical-stage biopharmaceutical development company focused predominately on paediatric neurological disorders

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- NTI164 exclusive worldwide licence for neurological disorders
- PCT patent applications lodged
- Novel oral biopharmaceutical cannabinoid platform (NTI164)
- Extensive pre-clinical studies completed (NTI164)
- World first Phase I/II trial in ASD completed
- Mente device & therapy for ASD

Neurotech Four Core Strategies

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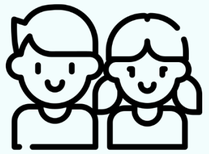
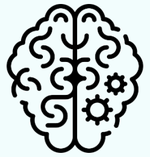
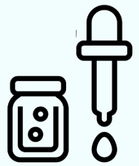


Focus on Paediatric Patients



Focus On Rare Neurological Disorders with Neuroinflammation

Focus on Partnering with Key Opinion Leaders / Clinicians



Focus On Drug Product Development

Strategic Focus Offers Significant Value Upside

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Focus on Paediatric Patients

- Often overlooked by big pharma
- Can be unencumbered drug therapy markets (no standard of care, no approved treatments)
- Lack of clinical trials that may compete for patients
- Ability to leverage significant regulatory levers at FDA & EMA: orphan designation, breakthrough status, fast-track, priority review

Focus On Rare Neurological Disorders with Neuroinflammation

- Literature well-established for cannabinoids / extracts on inflammatory processes
- NTI164 shown strong pre-clinical effects on inflammation, neuro-protection, neuro-modulation and neuro-regulation
- NTI164 shown efficacy in serious neuroinflammatory developmental disorder: Autism Spectrum Disorder
- Often chronic disorders requiring continued therapeutic intervention (higher lifetime patient value)

Focus on Partnering with Key Opinion Leaders / Clinicians

- Paediatric Neurology focus with supportive Human Research Ethics Committees (HRECs)
- Availability of patients / caregivers for clinical trials
- Decades of experience in paediatric clinical trials – sound trial design frameworks and outcomes
- Paediatric neurological disorders tend to have strong clinical networks / advocacy groups

Focus on Drug Product Development

- Regulated Drug Product via FDA, TGA, EMA (barrier to entry)
- Manufacture under Good Manufacturing Practice (GMP) & robust CMC (Chemistry, Manufacture, Controls)(barrier to entry)
- Premium Drug Pricing
- Reimbursement for “on-label” prescribing

Rapid Progress from Lab to Clinic Drives Strategy

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- Reduction in brain cell inflammation (up to 60%)
- Increase in overall brain cell health and viability
  (in the absence of toxic insult up to 80%)
- Increase in mitochondrial viability and output (in the presence of toxic insult up to 60%)
- Significant suppression of neuro-markers linked to MS (GM-CSF < 40% and TNF-alpha < 30%)
- Multi-functional Mode of Action | neuro-protection, neuro-modulation and neuro-regulation

2020

Extraction of Drug Product (NTI164) & Pre-Clinical Data

2021

Manufacture Scale-Up & Analytical Methods Established

Patent Applications (Novel Composition & Methods)

2022

Phase I/II Clinical Trial (Safety) + Efficacy Shown in Autism Spectrum Disorder (ASD) Children

2023

Beach Head ASD Results Drives New Clinical Trials in Pediatric Neurological Disorders

- Phase I/II PANDAS/PANS[1]
- Phase I/II Cerebral Palsy
- Phase II/III ASD

1. Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Paediatric Acute-Onset Neuropsychiatric Syndrome (PANS)

Rapid Pipeline Progression

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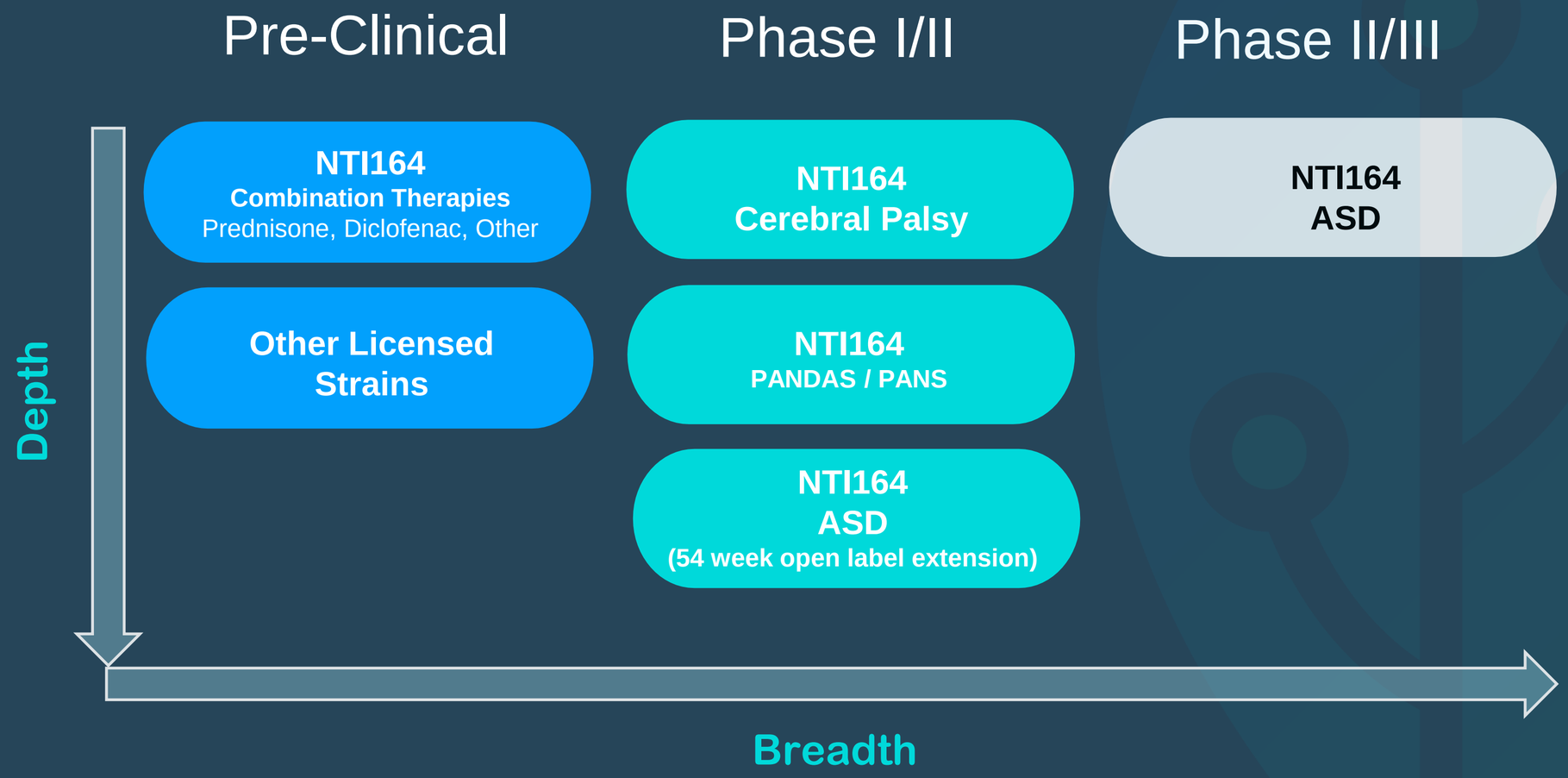
Pipeline (2020/1)

- **NTI164**
  Combination Therapies
  Prednisone, Diclofenac, Other
- **NTI164**
  Neuronal Cell Assays
- **Other Licensed Strains**

Pipeline (Pro-Forma 1 Jan 2023)



Key 12 Month Milestones – NTI164

Q4 CY2022

- Human Research Ethics Committee (HREC) Clearance ASD Phase II/III
- HREC/TGA Approval PANDAS/PANS Phase I/II Clinical Trial
- Completion of FDA Pre-IND Package
- Commencement of Patient Recruitment ASD Phase II/III Clinical Trial
- HREC Submission Cerebral Palsy Phase I/II Clinical Trial

1H CY2023

- Commencement of Patient Recruitment PANDAS/PANS Phase I/II Clinical Trial
- HREC/TGA Approval Cerebral Palsy Phase I/II Clinical Trial
- Commencement of Patient Recruitment Cerebral Palsy Phase I/II Clinical Trial
- Completion of Patient Recruitment PANDAS/PANS Phase I/II Clinical Trial
- FDA Pre-IND Meeting
- Additional paediatric neurological disorder clinical trial launch

2H CY2023

- Results of PANDAS/PANS Phase I/II Clinical Trial
- Completion of Patient Recruitment Cerebral Palsy Phase I/II Clinical Trial
- Completion of Patient Recruitment ASD Phase II/III Clinical Trial
- US FDA IND submission
- Results of Cerebral Palsy Phase I/II Clinical Trial

Summary of Strategy

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Group Strategy

- Focus on Paediatric Patients
- Focus On Rare Neurological Disorders with Neuroinflammation
- Focus on Partnering with Key Opinion Leaders / Clinicians
- Focus On Drug Product Development

Implementation to Development

Current

- Phase I/II PANDAS/PANS
- Phase I/II Cerebral Palsy
- Phase II/III ASD

Potential

- ADHD
- Rett Syndrome
- Fragile-X
- Dravet
- Lennox-Gastaut

Neuroinflammation

Potential Regulatory Levers

FDA

Pre-IND Feedback
IND
Orphan Drug Designation
Priority Review
Breakthrough Therapy
Fast-Track
Rare Pediatric Priority Voucher

EUROPEAN MEDICINES AGENCY

Scientific Advice
Protocol Assistance
Orphan Drug Designation
Accelerated Assessment

Commercialisation Examples*

2016 → 2018/9 → 2021

GW pharmaceuticals

Phase III Trials

Dravet

Lennox-Gastaut


Magazine Article | April 1, 2016

GW Pharmaceuticals Changes Its Focus To Rare Diseases

Source: Life Science Leader

By Suzanne Elvidge, Contributing Writer

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FDA approval
EMA approval

FDA,EMA Orphan Designations, Fast-Track Status

Jazz Pharmaceuticals

US$7.2 Billion acquisition of GW[1]

2021 Epidiolex® Sales: US$464 Million[1]

2016 → 2018 → 2022

neuren pharmaceuticals

Pipeline focus on rare neurodevelopmental disorders
ASX:NEU Market Cap: $200M

ACADIA Pharmaceuticals

US$455 Million Licence for Trofinetide in Rett[2]

ACADIA Pharmaceuticals

NDA filed with FDA for Rett

neuren pharmaceuticals

NEU Market Cap: $900M

Multiple FDA,EMA Orphan Designations, Fast-Track Status in Rett, Fragile-X, Angelman, Phelan-McDermid, Pitt Hopkins, Prader-Will

1. Jazz Pharmaceuticals 2. Neuren Pharmaceuticals

* For illustrative purposes only highlighting transactions in the rare paediatric neurological disorder field

Outlook

- Focus on rare paediatric neurological disorders
- Longer term safety and solid efficacy of NTI164 now established in a predominant paediatric neurological disorder with strong neuroinflammatory effects (ASD)
- Accelerated clinical development via rapid & cost-effective proof of concept Phase I/II clinical trials in Australia for new paediatric neurological disorders (PANDAS/PANS & CP)
- Strong clinician engagement
- Access to numerous regulatory levers from the FDA and EMA
- Additional funding provides sufficient runway to complete all current clinical trials and pathway with the US FDA – significant valuation upside if met

Highly Experienced Executive Team and Board

Mark Davies
Non-Executive Director

More than 20 years' experience in trading, investment banking & providing corporate advice

Specialises in providing corporate advice & capital raising services to emerging companies seeking business development opportunities and funding from the Australian market

Managing Director of 1861 Capital and co-founder of investment banking firm, Cygnet Capital

BCom

Dr Thomas Duthy
Executive Director

Dr Duthy has over 18 years of direct financial market and executive level/ Board experience with ASX listed companies.

Director of Nemean Group -corporate advisory and investor relations services in the Life Sciences and Technology sectors.

PhD Molecular Microbiology, MBA, MAICD

Prof. Allan Cripps AO
Non-Executive Director
Chief Scientist

Distinguished academic, clinical scientist and health services leader

Independent Chair of the Children's Health Research Alliance Board and Non- Executive Director at Bard1 (BD1)

Formerly the Pro Vice Chancellor (Health) at Griffith University and currently professor emeritus at Griffith University

PhD, BSc (Hons), FAHSM, FASM, FAIMS, FIBMS, FCHSM, MACID

Winton Willesse
Non-Executive Director

Experienced company director with over 20 years experience in various roles within the Australian capital markets

Core expertise in strategy, company development, corporate governance, company public listings, merger and acquisition transactions and corporate finance

MCom, FFin, CPA, GAICD, FGIA/FCG

Gerald Quigley
Non-Executive Director

Pharmacist and consumer health commentator.

Leading media health commentator heard each week on television and radio stations across Australia.

Extensive knowledge relating to pharmaceutical/nutraceutical product development, dispensing & marketing in addition to product positioning within the relevant regulatory landscapes (eg. TGA, FDA).

B(Pharm)

Dr Alexandra Andrews
COO

Expertise in corporate development, investor engagement, product development and commercialisation, clinical trials and regulatory environments.

Former Director of Operations at NeuroScientific Biopharmaceuticals Ltd.

PhD Neuroscience, BBMed Sci (Hons1st)

Capital Raise

Structure

PRO-FORMA CAPITAL STRUCTURE - $9 Million Placement	
Current Shares on Issue	717.7M
Current Options Outstanding	123.1M
New Shares	90.0M
New Options[1]	55.0M
Pro-Forma Shares on Issue (fully diluted)	985.8M
Pro-Forma Cash[2]	$10.4M
Pro-Forma Enterprise Value[3]	$88.2M

1. *New Options include 45,000,000 issued to shareholders under the Transaction as well as an additional 10,000,000 issued to the JLMs on the same terms*
2. *Cash at 30 June 2022 - $1.9 million, Placement of $9.0 million minimum, transaction costs of $(0.5) million*
3. *Assumes $0.10 share price*
4. *The Company has also agreed to issue 35 million adviser options, 30 million director options and 33 million licensor shares, subject to shareholder approval*

Timetable*

Event	Date
Trading Halt (For Clinical Trial results + Transaction)	Tuesday 25 October 2022
Placement Bookbuild Commences	Tuesday 25 October 2022
Allocations and Signed Acceptances	Thursday 27 October 2022
ASX Announcement – Transaction, Investor Presentation, Trading Halt Lifted	Friday 28 October 2022
Settlement of Placement Shares	Thursday 3 November 2022
Allotment of Placement Shares on ASX & Commencement of Trading	Friday 4 November 2022
Allotment of Placement Options	Friday 3 December 2022

* Timetable is indicative and subject to change

Use of Funds

EVENT	ALLOCATION OF FUNDS (PLACEMENT)
Phase II/III ASD Trial	$3.0M
Phase I/II PANS/PANDAS Trial	$0.5M
Phase I/II CP Trial	$0.5M
Regulatory / FDA IND	$1.0M
Manufacturing / Production	$0.5M
Working Capital	$3.0M
Offer Costs / Other	$0.5M
TOTAL	$9.0M

Neurotech International

Contact Details

Dr Tom Duthy
Executive Director
td@neurotechinternational.com
+61 402 493 727

*This presentation has been authorised by the Board of Neurotech International Limited

www.neurotechinternational.com
www.mentetech.com