Improving Lives

Neurotech International

Phase I/II ASD 52 Week Results Investor Presentation

Dr Tom Duthy
Executive Director

17 March 2023

Disclaimer

IMPORTANT INFORMATION

Purpose of presentation: This presentation (including this document, any related video or oral presentation, any question and answer session and any written or oral material discussed or distributed in relation to this presentation) has been prepared by Neurotech International Limited (ACN 610 205 402) (Neurotech or Company). It has been prepared for the sole purpose of providing general information on Neurotech and its business.

Not an offer or solicitation: This presentation is not investment advice nor an offer to subscribe for securities or otherwise invest in Neurotech, and it should not be relied upon to make any investment decision. Further, it does not constitute an offer to sell, or the solicitation of an offer to buy, nor shall there be any sale of securities pursuant to this presentation in any state or other jurisdiction in which such offer, solicitation or sale would be unlawful under applicable law, including the Securities Act of 1933 (USA), as amended (US Securities Act). Securities have not been registered under the US Securities Act or any US state securities laws and may not be offered or sold in the United States absent registration or an applicable exemption from registration under the US Securities Act and applicable state securities laws.

Not a prospectus: This presentation is not a prospectus, product disclosure statement or other investment disclosure document, and the level of disclosure in this presentation is less than such disclosure documents. It has not been lodged with any regulatory or supervisory body. This presentation does not purport to contain all of the information that a prospective investor may require to make an evaluation of Neurotech or its business activities and nothing in this presentation is, or is intended to be, a recommendation to invest in Neurotech. Neurotech does not purport to give financial or investment advice. Account has not been taken of the objectives, financial situation or needs of any recipient of this presentation.

Forward-looking statements: This presentation contains forward-looking statements which may be predictive in nature and incorporate an element of uncertainty or risk, such as ‘intends’, ‘may’, ‘could’, ‘believes’, ‘estimates’, ‘targets’ or ‘expects’. These statements are based on an evaluation of current economic and operating conditions, as well as assumptions regarding future events. These events are, as at the date of this presentation, expected to take place, but there cannot be any guarantee that such will occur as anticipated, or at all, given that many of the events are outside Neurotech’s control. The stated events may differ materially from results ultimately achieved. Accordingly, neither Neurotech nor any of its directors, employees, contractors or advisors make any warranty or assurance that the results, performance or achievements expressed or implied by the forward-looking statements contained in this presentation will actually occur. Further, other than as required by law, Neurotech may not update or revise any forward-looking statement if events subsequently occur or information subsequently becomes available that affects the original forward-looking statement.

Disclaimer: Neither Neurotech nor its officers, employees, contractors or advisers make any warranty (express or implied) as to the accuracy, reliability, relevance or completeness of the material contained in this presentation. Nothing contained in this presentation is, or may be relied upon as a promise, representation or warranty, whether as to the past or the future. Neurotech excludes all warranties that can be excluded by law. Except for statutory liability which cannot be excluded, Neurotech, its officers, employees, contractors and advisers expressly disclaim any responsibility for the accuracy or completeness of the material contained in this presentation and exclude all liability whatsoever (including in negligence) for any loss or damage which may be suffered by any person as a consequence of any information in this presentation or any error or omission therefrom.

Professional advice: Recipients of this presentation should consider seeking appropriate professional financial, taxation and legal advice in reviewing the presentation and all other information with respect to Neurotech and evaluating its business, financial performance and operations.

Presentation Contents

Neurotech International

ASD 52 Week Phase I/II Results

Neurotech Strategies

Clinical Focus, Pipeline & Milestones

Summary & Outlook

Autism Spectrum Disorder (ASD) Goals

Neurotech International

"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)

Neurotech International

Market

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

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

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

Current Treatment

TREATMENT MARKET SIZE
US$1.85b[2]

RISPERIDONE
Approved 2006
(irritability label claim)

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

Clinical Trial

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

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

ASD and the NDIS

The National Disability Insurance Scheme (NDIS) provides assistance to people with a disability, as well as their families and carers

- Prevalence of ASD in Australia est. 1 in 50
- 40-fold increase in 20 years[5]

$35.5 Billion

Cost of NDIS in 2022, to increase to $52 billion by 2026, $100 billion by 2033[1]

34% ASD

34% of the 550,000 NDIS participants have ASD, 40% ≤ 14 years old (860,000 by 2030)[2]

$6.1 Billion

Implied annual cost of ASD to NDIS based on average ASD funding of $32,800 per annum e.g. physio, psychology, speech therapy, support workers[3]

TREATMENT MARKET SIZE

US$1.85b[4]

RISPERIDONE

Approved 2006
(irritability label claim)

Current Treatment

There is a strong market need for an effective therapeutic intervention such as NTI164 to improve ASD symptoms & reduce healthcare costs

1. The Australian, 25 October, 2022- https://www.afr.com/politics/federal/how-the-ndis-will-blow-out-to-50b-in-four-charts-20221019-p5br1c
2. https://www.uwa.edu.au/news/Article/2022/August/An-autism-minister-may-boost-support-and-coordination-But-governments-that-follow-SAs-lead-should-be-cautious
3. https://disabilityplanservices.com.au/blog/how-much-is-ndis-funding-for-autism/#:~:text=At%20Disability%20Plan%20Services%2C%20we,per%20year%20under%20the%20NDIS.
4. https://www.fortunebusinessinsights.com/industry-reports/autism-spectrum-disorder-therapeutics-market-101207-CAGR-of-7-4.html
5. Australian Bureau of Statistics. (2018). Autism in Australia. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/mf/4428.0

NTI164 ASD Phase I/II - Trial Design

Neurotech International

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

Dose regime assessments

5mg/kg, 10mg/kg, 15mg/kg and 20mg/kg of NTI164 (initial 4 weeks)

Maximum tolerated dose daily through to 52 weeks

~7,000 Assessment points over 52 weeks, daily oral treatment

- 28 Day Data Released 8 July 2022
- 20 Week Data Released 26 October 2022
- 52 Week Data Released 17 March 2023

NTI164 ASD Phase I/II – Safety (52 week Data)

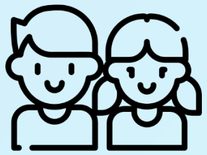
Neurotech International

NTI164 Safety Effects Maintained Over 52 Weeks

No serious adverse events recorded

Across all doses

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



A total of 11 patients evaluable at 52 weeks
(12 pts. at 20 weeks)

Adverse events were tolerated and manageable

mild nausea, abdominal pain

Normal blood chemistry, normal kidney and liver function and vital signs

Conclusion: NTI164 longer term (chronic) administration now established with an excellent safety profile and minimal patient-specific side-effects: safety data will be collected beyond 52 weeks for at least six additional months

NTI164 ASD Phase I/II – Efficacy (52 week Data)

Neurotech International

Summary Outcome Measures

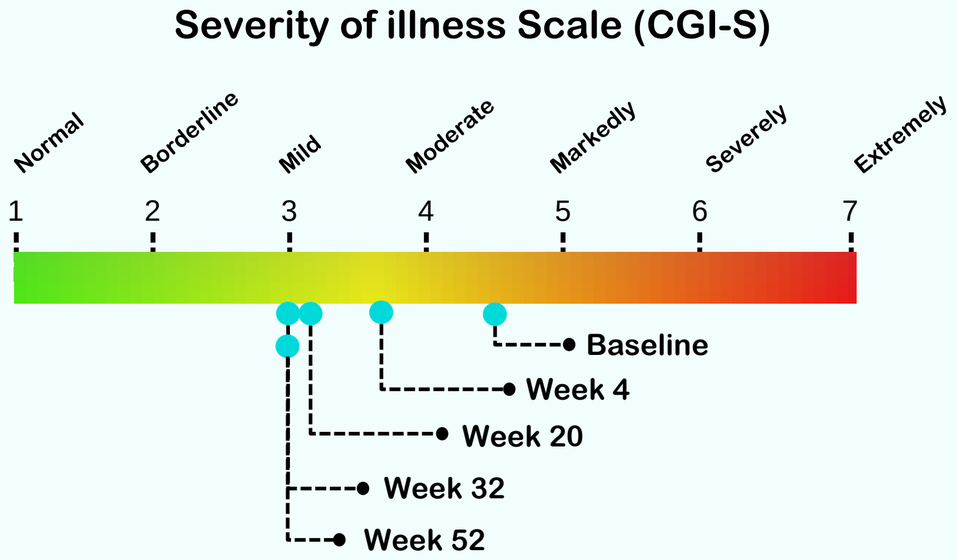
Sub-Domain	Scale	20 Weeks P-value (Paired T-Test)	52 Weeks P-value (Paired T-Test)
Severity of illness	**CGI-S**	**0.005**	**0.032**
Global improvement	**CGI-S**	**n/a***	**n/a***
Therapeutic effect	**CGI-S**	**n/a***	**n/a***
Adaptive behaviour composite (Total)	**Vineland-3**	**0.0005**	**0.028**
Communication	Vineland-3	0.002	0.0001
Daily living skills	Vineland-3	0.019	0.005
Socialisation	Vineland-3	0.014	0.118
Social responsive scale – Total	**SRS-2**	**0.012**	**0.049**
Social awareness	SRS-2	0.596	0.421
Social cognition	SRS-2	0.028	0.105
Social communication	SRS-2	0.019	0.216
Social motivation	SRS-2	0.118	0.005
Restricted interest and repetitive behaviour	SRS-2	0.009	0.109
Social communication and interaction	SRS-2	0.029	0.081
Anxiety scale for children - Child's total	**ASC-ASD-C**	**0.025**	**NM**
Performance anxiety	ASC-ASD-C	0.364	NM
Anxious arousal	ASC-ASD-C	0.12	NM
Separation anxiety	ASC-ASD-C	0.025	NM
Uncertainty	ASC-ASD-C	0.033	NM
Anxiety scale for children - Parent's total	**ASC-ASD-P**	**0.034**	NM
Performance anxiety	ASC-ASD-P	0.07	NM
Anxious arousal	ASC-ASD-P	0.333	NM
Separation anxiety	ASC-ASD-P	0.025	NM
Uncertainty	ASC-ASD-P	0.066	NM
Sleep disturbances scale for children - Total	**SDSC**	**0.016**	NM
Disorders of initiating and maintaining sleep	SDSC	0.01	NM
Sleep breathing disorders	SDSC	0.047	NM
Sleep-wake transition disorders	SDSC	0.094	NM
Anxiety, depression and mood scale – Total	**ADAMS**	**0.001**	NM

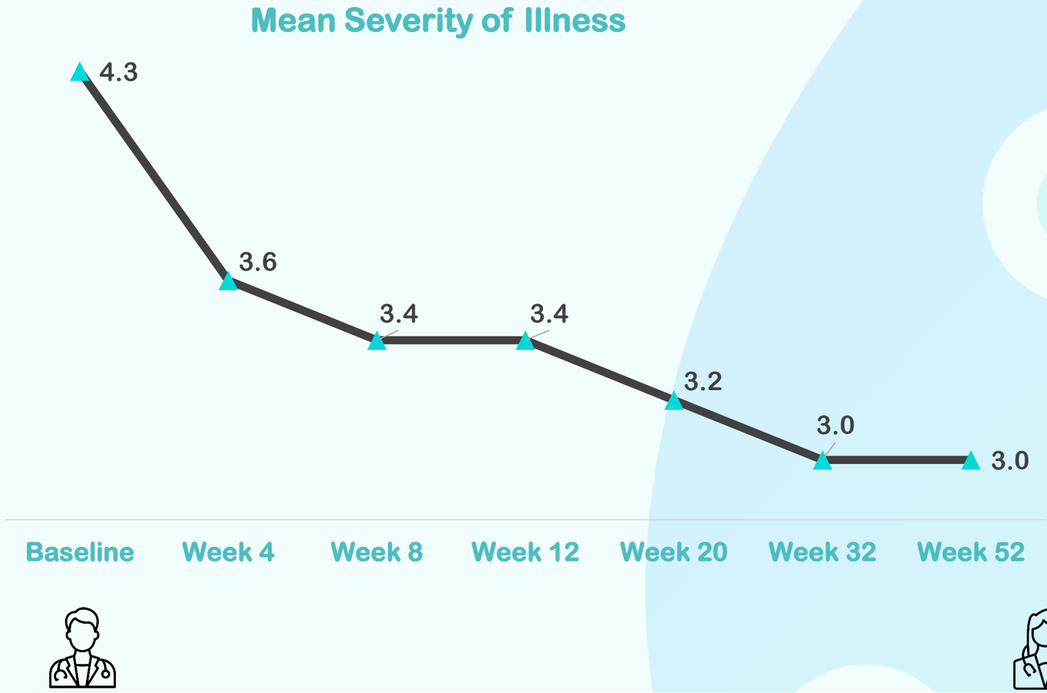
** t-test cannot be performed due to different measurement scale used at baseline; NM – not measured*

Clinical Interpretation

- **Statistical significance (p<0.05):**
  - **Study was <u>never</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**
  - **Social responsiveness**
- **Consistent improvements across multiple standard clinical measures at 52 weeks versus baseline do not support a placebo effect**

NTI164 ASD Phase I/II – Efficacy (52 Week Data)





CGI-Severity of illness[1] (p = 0.03)

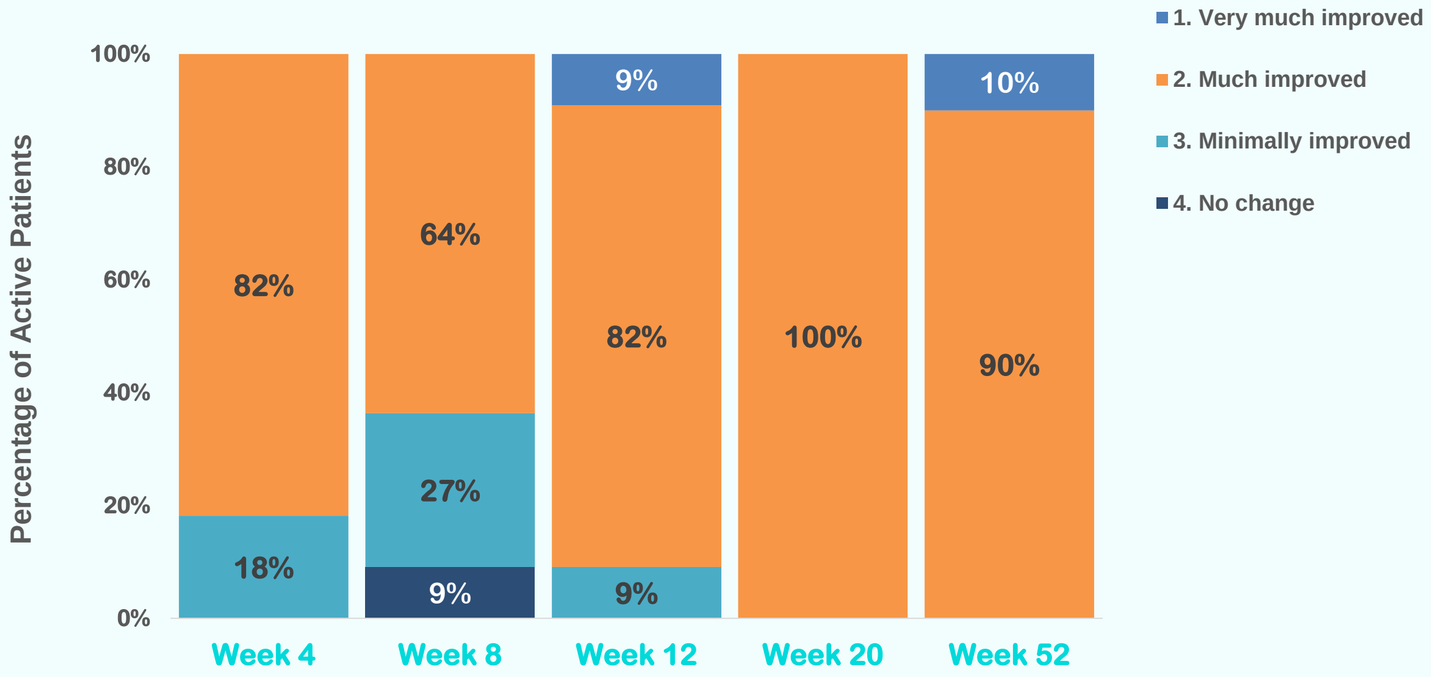
Clinical Interpretation

- NTI164 treatment is associated with a significant reduction in disease severity (1.3 scale change, 30% improvement)
- ~40% of subjects markedly or severely ill at baseline – 0% from week 4 onwards

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 and one patient at 52 weeks. The CGI is a 3-item observer-rated scale that measures illness severity, global improvement and therapeutic effect.

NTI164 ASD Phase I/II – Efficacy (52 week Data)

CGI-Global improvement [1]



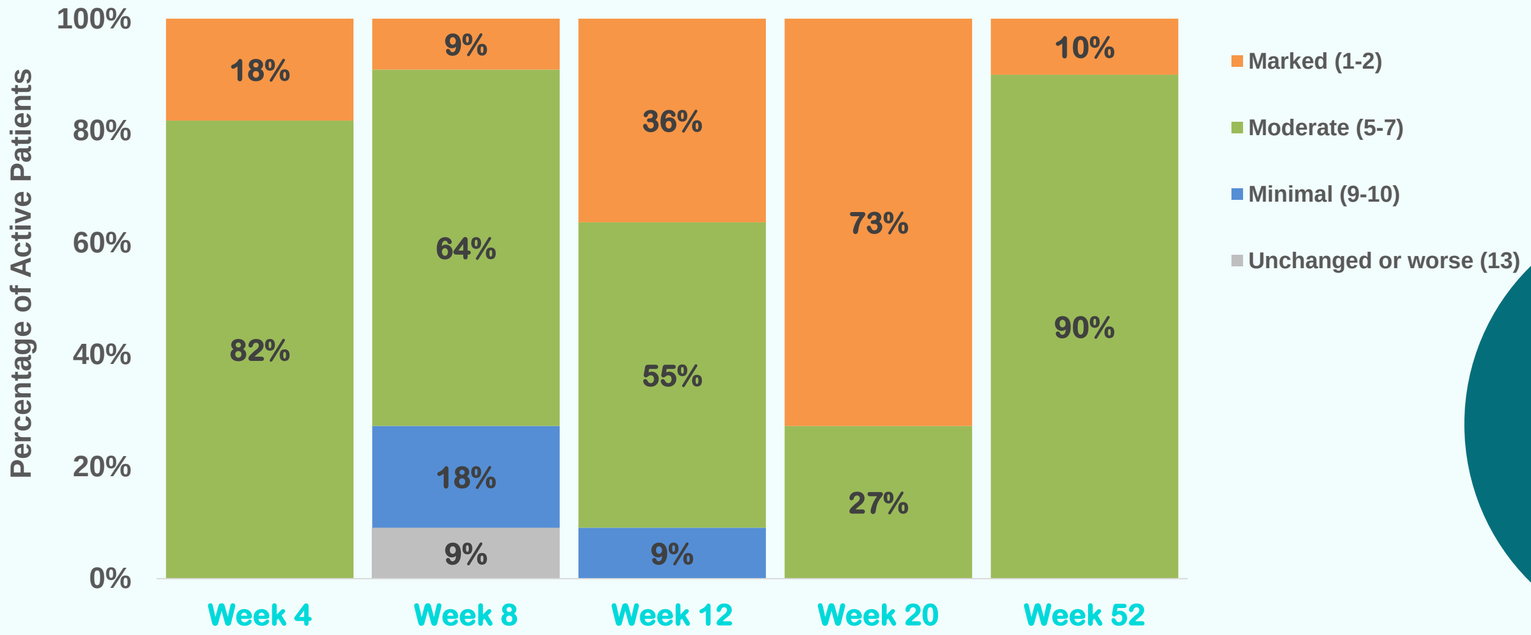
Clinical Interpretation

- 100% of active patients showed improvement after 20 weeks of daily treatment with NTI164
- After 52 weeks of daily treatment with NTI164, 90% of active patients (n=10) had a global improvement of Much improved and 10% (n=1) had a score of Very 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 patients who did not complete 20-52 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 (52 week Data)

CGI-Therapeutic Effect[1]



Marked - Vast improvement. Complete or nearly complete remission of all symptoms.
Moderate - Decided improvement. Partial remission of symptoms.
Minimal - Slight improvement. Doesn't alter status of care of patient.

Clinical Interpretation

- After 52 weeks of daily NTI164 treatment, 10% of active patients demonstrated the highest possible efficacy index of *1: Marked therapeutic effect – Vast improvement. Complete or nearly complete remission of all symptoms.* 90% of patients had an efficacy index of either *5 or 6: Moderate therapeutic effect – Decided improvement. Partial remission of symptoms.*

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 patients who did not complete 20-54 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 (52 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) 20 weeks*	P-value *(Paired T-Test) 52 weeks*
Adaptive behaviour composite	**0.0005**	**0.0278**
Communication	0.002	0.0001
Daily living skills	0.019	0.0050
Socialisation	0.014	0.118

Clinical Interpretation

- Adaptive behaviour improvement is a treatment goal in ASD
- Highly significant improvements in composite outcome **AND** individual domains of communication, daily living at 20 weeks continued through to **52 week** endpoint

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.

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

Neurotech International

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) 20 weeks*	P-value *(Paired T-Test) 52 weeks*
Total	**0.012**	**0.049**
Social awareness	0.596	0.421
Social cognition	0.028	0.105
Social communication	0.019	0.216
Social motivation	0.118	0.005
Restricted interest and repetitive behaviour	0.009	0.109
Social communication and interaction	0.029	0.081

Clinical Interpretation

- At 20 weeks of daily treatment with NTI164, the study achieved strong overall statistical significance for social responsiveness (p=0.012). This positive change remained statistically significant at 52 weeks (p=0.049)
- NTI164 targets social skills: beneficial for social functioning and social anxiety symptoms

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 – Conclusions

- **Continued excellent durability of results at 52 weeks, with clinical benefits showing a significant improvement across a large number of clinically validated assessments versus baseline (Day 0)**
- **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 52 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)**

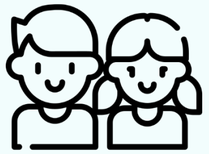
Professor Michael Fahey – Lead Investigator

"We continue to see benefits in these ASD patients through daily oral treatment with NTI164 over 52 weeks. Our standardised ASD scales relating to global improvement, severity of illness, socialisation and adaptive behaviour, continued to show a clinically meaningful and statistically significant difference from baseline measures with no serious adverse events recorded and clean pathology results. Importantly, there was no evidence that prolonged use of NTI164 in these patients can lead to any form of therapeutic tolerance as measured by a slow reversion of symptoms through extended use. This is particularly pleasing and highlights chronic administration of NTI164 is required to achieve significant improvements in clinical outcome measures. We certainly look forward to the next phase of this exciting development opportunity in ASD."

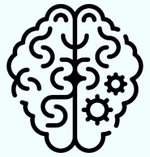
Neurotech:
Strategies, Pipeline, Milestones, Outlook

Neurotech Four Core Strategies

Neurotech International

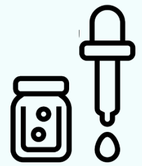


Focus on Paediatric Patients



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

Neurotech International

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

Clinical Focus

Neurotech International

ASD

PANDAS/PANS

Cerebral Palsy

Neurological & Neuroinflammation

Lack of effective treatments

Paediatric Onset

Rare / Orphan

Strong Scientific Rationale for NTI164

- Anti-inflammatory effects + safety
- Clinician support
- High Patient/Caregiver interest

About PANDAS / PANS

Neurotech International

About

PANDAS Network.org
ADVOCACY, SUPPORT & RESEARCH FOR PANDAS, PANS, AE

PANDAS Physicians Network
PPN
A Division of The Foundation for Brain Science and Immunology

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

No Treatments

No FDA or EMA approved treatments: Intravenous immunoglobulin (IVIG) off-label: not proven, v. high cost

Rare, Neuroinflammation

Considered a rare paediatric orphan disorder, with strong neuroinflammatory effects – ideally suited for NTI164 clinical trial

2015 | 2017 | 2022

Release of PANDAS/PANS Diagnostic Criteria (2015) and Treatment Guidelines (2017) and the World Health Organisation recognition within the International Classification of Diseases (ICD-11) for the first time (2022)

Source: PACE Foundation

About Cerebral Palsy

Neurotech International

Interventions ideally seek to: improve gross motor function, to increase participation at a social role level, to improve comfort, to improve the ease of care by others or to improve the overall quality of life of the individual

About

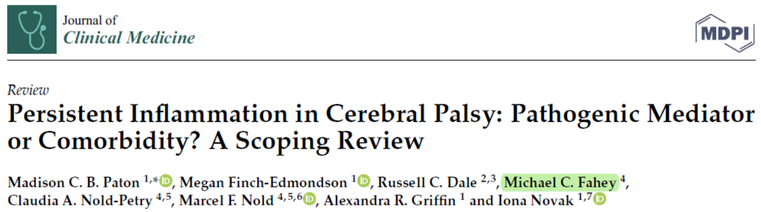
- Most common motor disability in childhood, abnormal brain development or damage to the developing brain
- Stratified by: Spastic CP (80% of cases), Dyskinetic CP (6% of cases), Ataxic CP (6% of cases) and Mixed CP (balance of cases)

Lacking Treatments

- Primary treatment options for CP are medication, therapy, and surgery. The goal of CP treatment is to manage symptoms – specifically, spasticity and/or dystonia
  - Botulinum A : no improvement in motor function(s)
  - Baclofen – unwanted side-effects, weak evidence for quality of life benefits

Neuroinflammation

- Available evidence supports the pathogenic role of inflammation and its ongoing role as a comorbidity of CP – Advantages for NTI164


Journal of Clinical Medicine

MDPI

Review

Persistent Inflammation in Cerebral Palsy: Pathogenic Mediator or Comorbidity? A Scoping Review

Madison C. B. Paton [1,*], Megan Finch-Edmondson [1], Russell C. Dale [2,3], Michael C. Fahey [4], Claudia A. Nold-Petry [4,5], Marcel F. Nold [4,5,6], Alexandra R. Griffin [1] and Iona Novak [1,7]

Significant Market

- 500,000 children under age of 18 currently have Cerebral Palsy (USA)[1]
- 8,000-10,000 babies born each year with CP
- US$4.3 billion treatment market (mostly spastic CP) by 2030[2]

1. www.cerebralpalsy.org
2. https://www.emergenresearch.com/industry-report/cerebral-palsy-treatment-market

Clinical Pipeline – 2023

Neurotech International

Pre-Clinical

NTI164
Combination Therapies
Prednisone, Diclofenac, Other

Other Licensed Strains

Phase I/II

NTI164
Cerebral Palsy

NTI164
PANDAS / PANS

NTI164
ASD
(52 week open label extension)

NTI164
[Undisclosed]
(Expected 1H CY23)

Phase II/III

NTI164
ASD

Pipeline (2020/1)

NTI164
Combination Therapies
Prednisone, Diclofenac, Other

NTI164
Neuronal Cell Assays

Other Licensed Strains

Summary of Strategy

Neurotech International

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

Follow Me On Twitter @suzannewriter

FDA approval
EMA approval

FDA,EMA Orphan Designations, Fast-Track Status

Jazz Pharmaceuticals

US$7.2 Billion acquisition of GW[1]

2022 Epidiolex® Sales: US$736 Million[1]

2016 → 2018 → 2023

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 approved with FDA for Rett (10 March 2023)

neuren pharmaceuticals

NEU Market Cap: $1.5Bn

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

Key 12 Month Milestones – NTI164

1H CY2023

- HREC/TGA Extension of ASD Phase I/II Clinical Trial – 6 months
- Final results of ASD Phase I/II Clinical Trial (52 weeks)
- Commence Patient Recruitment PANDAS/PANS Phase I/II Clinical Trial
- FDA Pre-IND Meeting
- HREC/TGA Approval Cerebral Palsy Phase I/II Clinical Trial
- Completion of Patient Recruitment PANDAS/ PANS Phase I/II Clinical Trial
- Additional paediatric neurological disorder Phase I/II Clinical Trial launch

2H CY2023

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

Outlook

- Focus on rare paediatric neurological disorders
- Long term safety and 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 & 1 Other Undisclosed disorder pending)
- Strong clinician engagement
- Access to numerous regulatory levers from the FDA and EMA
- Funding provides sufficient runway to complete all current clinical trials and pathway with the US FDA – significant valuation upside if met

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