Dimerix

Investor presentation

Broker Meets Biotech

September 2017

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Investment highlights
Dimerix Limited (ASX:DXB)

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1. Using proprietary "Receptor HIT" drug discovery platform to identify multiple development programs
2. Lead program is DMX-200 in Phase 2 human trials for Chronic Kidney Disease
   - Using compounds that are already known
3. **Positive Phase 2a results – safety met and efficacy encouraging**
4. Orphan Drug development path for DMX-200, targeting Focal Segmental Glomerulosclerosis (FSGS) enables a faster path to market
5. Strong near term news flow – presentation of DMX-200 Phase 2a detailed data on 2nd November 2017 at American Society of Nephrology (ASN) annual meeting

Corporate overview

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Corporate Snapshot

ASX Code:	DXB
Share Price (01 Sep 17):	$.010
Market cap:	$18.3m
Cash (30 Jun 2017):	$2.2m
(R&D Tax incentive approx $540K during 2017)	
Shares on issue*:	1,829.9m

Major Shareholders

Mr Peter Meurs	17.33
Yodambao Pty Ltd	5.11
Mrs Wishney Sritharan Krishnarajah	2.47
White Family	2.21
SRV Custodians Pty Ltd	2.07
Pfleger Family	1.70
Jampaso Pty Ltd (Williams Family)	1.51

Share price history

* Unlisted Performance Shares: 75.0m; Options (expire 31 Dec 2017): 17.9m; Options (ESOP): 56.6m

Corporate history

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2004 - 2014

2004

THE UNIVERSITY OF WESTERN AUSTRALIA

- Dimerix spun out of UWA

2004 - 2014

- Pre-clinical and proof of concept laboratory work
- March 2014 COO appointed

2015 - 2017

2015

LISTED ASX

- Listed on ASX
- First patient enrolled DMX-200 Phase 2a
- Orphan drug designation
- AU and US patents granted

2016

- Kathy Harrison appointed CEO
- Positive FDA meeting
- Interim Phase 2a data announced
- Enrolment in Phase 2a complete
- Start commercial reformulation

2017

- Head of Drug Development appointed
- Japanese patent granted
- Engaged international clinicians
- Phase 2a data announced
- Phase 2b trial to commence

Experienced board and management

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Dr James Williams – Chairman

- Co-founder of Dimerix and iCeutica (acquired in 2011 and now with 3 FDA drug approvals)
- Co-founder and Investment Director of Yuuwa Capital ($40M venture fund)

Hugh Alsop – Director

- Accomplished and commercially-focused pharmaceutical and biotechnology executive
- Responsible for successful global commercialisation programs and NDA registrations

Kathy Harrison – Chief Executive Officer

- 20 years operational and strategic experience in drug development including at AMRAD, Cytopia Research Pty Ltd, Phosphagenics Ltd
- Registered Patent Attorney

David Franklyn – Director

- Experienced Director of ASX-listed companies in a variety of sectors
- Extensive experience in financial analysis, corporate advice, business management and IR

Dr Robert Shepherd – Head of Drug Development

- Drug developer with experience in a wide range of projects / therapeutic areas
- PhD in biomedical research, and background in finance and project management

Dr Sonia Poli – Director

- Former Senior Management at Hoffman la Roche and Executive at Addex Therapeutics
- 20 years international experience in small molecule drug development

Chronic kidney disease (CKD) - market opportunity

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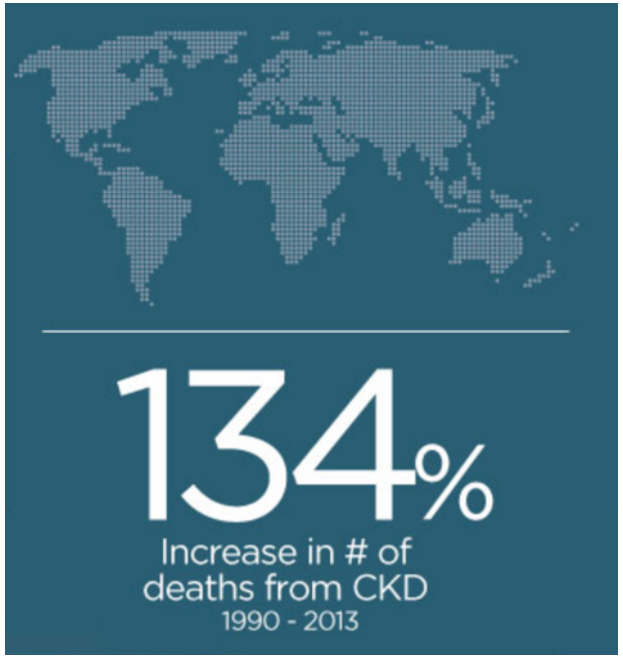
- CKD is a global health problem affecting over 10% of the population with 26 million patients in the US alone
- Growing in incidence due to large number of people living with obesity and diabetes
- CKD gets progressively worse, with patients whose kidneys fail requiring dialysis or kidney transplant
- Hemodialysis treatment costs an average **of $89,000 per patient** annually in the United States

Source: U.S. Renal Data System, USRDS 2013 Annual Data Report: Atlas of End-Stage Renal Disease in the United States, NIH, NIDDK



Source: Global Burden of Disease Study 2013

- **Independent analysts estimate FSGS* drug sales to be worth USD $1 billion per annum in the US alone**

* Focal Segmental Glomerulosclerosis

Current treatments for CKD

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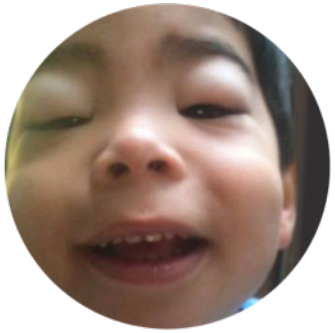
- Damaged kidneys “leak” proteins into the urine. This is called proteinuria and is the most common symptom of kidney disease – relevant measure of treatment efficacy (a prognostic indicator of future kidney damage).
- First line therapy is reducing blood pressure using angiotensin receptor blockers (such as irbesartan) or ACE inhibitors.
- In some types of kidney disease, including FSGS, patients are given a cocktail of drugs including immunosuppressants and steroids such as Prednisone, which have **serious and unpleasant side effects**
- **There is a huge unmet medical need for a safe treatment which can significantly reduce proteinuria and prolong the life of the kidney**

Will in remission



Relapse from nephrotic syndrome

NEPHCURE®
Kidney International
Saving Kidneys · Saving Lives

DMX-200 – Dimerix lead program for CKD

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- DMX-200 is a tablet which is taken in conjunction with existing medications.
- DMX-200 is being developed as an 'adjunct' therapy, avoiding complications of combination therapy development.
- Patients continue taking their standard of care medication (irbesartan) and add a second drug to this (propagermanium), a CCR2 antagonist.
- Both drugs have been in use for many years, and their safety profile is well understood.

Trial design

- 27 patients in open label dose escalation study across 4 sites in Australia
- Patients were on stable irbesartan prior to and throughout the study.
- Patients additionally received an oral dose of propagermanium
- Propagermanium dose escalated at four week intervals, unless proteinuria was within normal limits.

DMX-200 phase 2a trial outcomes

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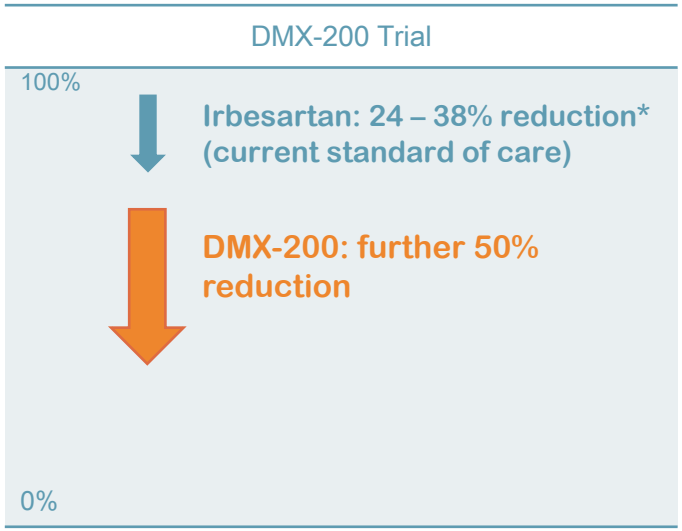
- Primary end point met – no serious safety or tolerability concerns observed when DMX-200 used as an adjunct to standard of care drug, irbesartan“
- Secondary end point – showed encouraging efficacy

  6 of 24 patients achieved >50% reduction in proteinuria levels and were classified as “responders” using pre defined criteria (patients who completed the study)

- **Physicians consider result clinically meaningful**
- Top line data released in July 2017, detailed bottom line data to be presented on 2nd November in the American Society of Nephrology (ASN)
- Phase 2b trial design to start later this year to use a placebo controlled (narrower patient population and dose selection)



Post-hoc:

11 of 24 patients completing the study requested and were granted access to continue using DMX-200, under TGA’s Special Access Scheme.

After dosing ceased, three patients saw a return to higher proteinuria levels (increase of 50% or greater), suggesting that DMX-200 may have had a possible benefit in slowing the disease progression in these patients.

* N Engl J Med (2001) 345:870-878 September 20, 2001 DOI: 10.1056/NEJMoa011489
Nephrol Dial Transplant (2012) 27: 2255–2263 December 15, 2011 DOI: 10.1093/ndt/gfr696

Next steps and newsflow

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- Human pharmacokinetics study with extended release formulation on track to complete 2H CY2017.
- Detailed Phase 2a data to be released on 2nd November 2017 in the Annual meeting of the American Society of Nephrology (ASN).
- Phase 2b – to explore efficacy in refined patient population using optimal doses identified in Phase 2a study, compared with placebo.
- Ongoing discussions with big pharma and key opinion leaders.
- Filing Orphan Drug designation in Europe (2018)
- Meetings with European Regulatory Advisors (2018)

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Contact

Kathy Harrison
Chief Executive Officer
+61 419 359 149
kathy.harrison@dimerix.com

Dimerix Limited
ACN 001 285 230
www.dimerix.com