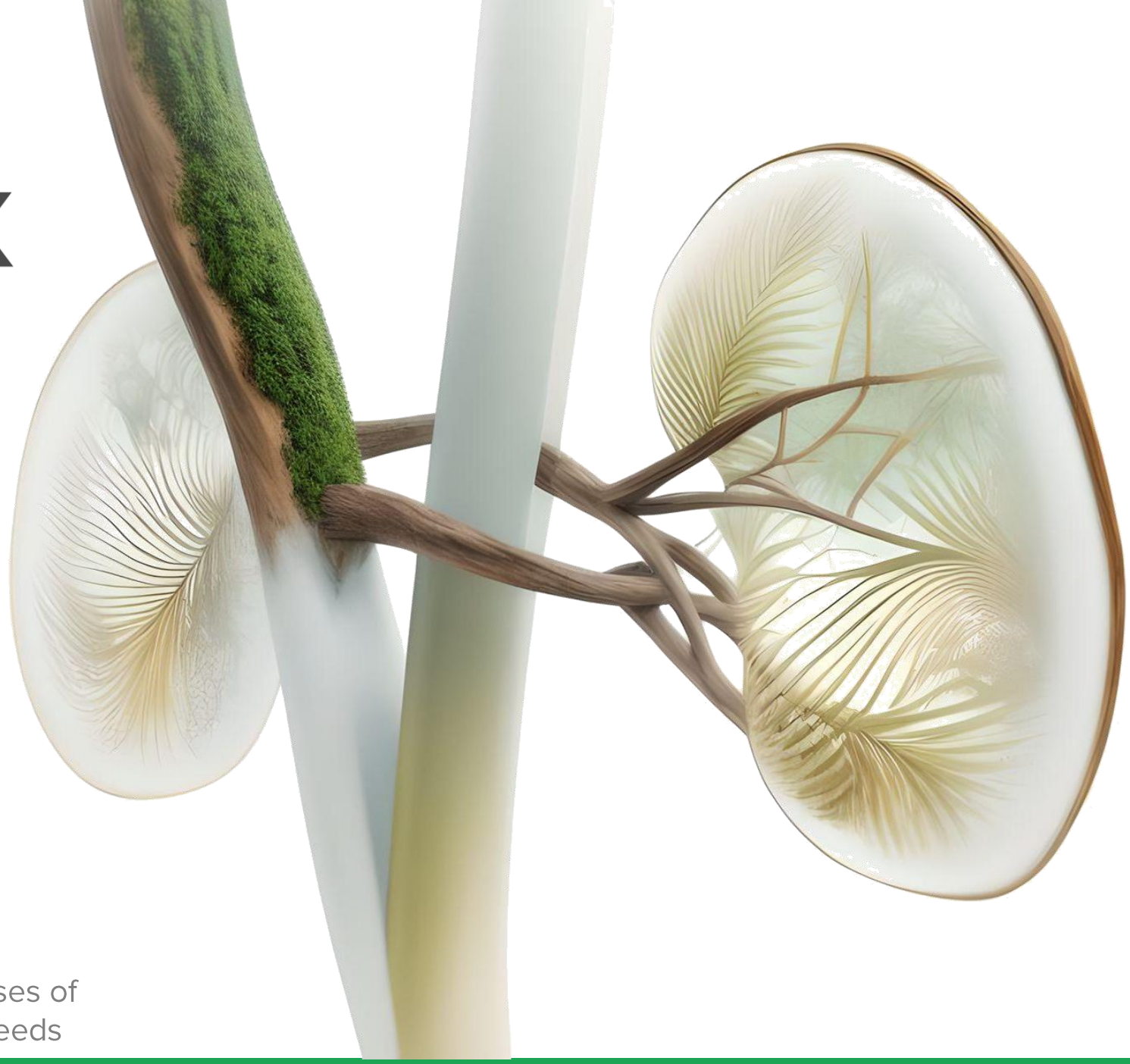
Dimerix

(ASX:DXB)

DMX-200 for FSGS Non-confidential

July 2024



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

Significantly de-risked, late-stage development program

Strong safety profile – no material adverse events in Phase 1, 2 and 3

Encouraging efficacy in Phase 2 and successful interim analysis in Phase 3

Completed all non-clinical safety for FDA and EMA

Completed commercial manufacturing scale-up

Clear development and competitive pathway to market

Orphan Drug designations

Dimerix board

Mark Diamond
BSc, MBA
Non-Executive Chairman

Antisense, Faulding (Pfizer)
- 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

Wyeth (Pfizer), Acrux, Immuron
- Experienced in product development, commercial strategy development & execution
- Successfully commercialised multiple pharmaceutical products globally

✓BSc (Hons) - Pharmacology
✓PhD - Pharmaceutics
✓MBA - Business
✓M.IP.Law - Intellectual Property Law

Hugh Alsop
BSc (Hons), MBA
Non-Executive Director

Mayne Pharma, Acrux, Hatchtech, Kinoxis
- Extensive biotech drug development & commercial manufacturing experience
- Responsible for successful global commercialisation programs & NDA registrations

✓BSc (Hons) - Chemistry
✓MBA - Business

Sonia Poli
PhD
Non-Executive Director

Hoffman la 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

Woodside Energy, iCetana
- ~20 years experience as a leader with a focus in management, project delivery, risk management, & assurance
- Provides advisory services to a family office with multiple Australian biotech investments

✓BEng (Hons) -Chemical Engineering
✓BCom - Commerce

Dimerix management

Nina Webster
PhD, MBA, M.IP.Law
CEO & Managing Director

Wyeth (Pfizer), Acrux, Immuron
- Experienced in product development, commercial strategy development & execution
- Successfully commercialised multiple pharmaceutical products globally

✓BSc (Hons) - Pharmacology
✓PhD - Pharmaceutics
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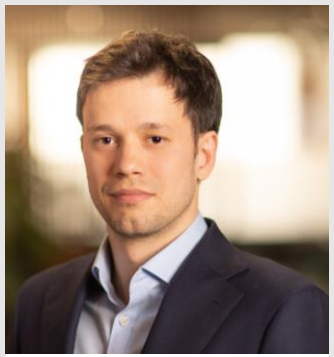


Hamish George
BCom, CA, GIA(Cert)
CFO & Company Secretary

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

Race Oncology, Syneos, 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

Medicines Development, Avecheo
- Experienced pharmaceutical executive in project management, clinical development and research programs
- BD and strategic alliance leader
- Led multidisciplinary R&D&C teams for over 14 years

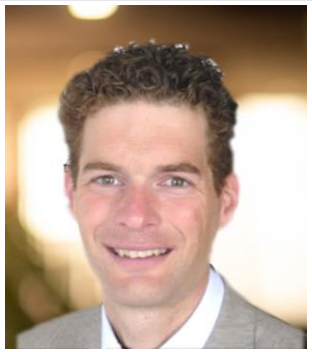
✓BSc (Hons) – Genetics
✓PhD – Molecular Immunology
✓MBA - Business

Bronwyn Pollock
BSc (Hons), MBA
VP, Product Development

Neuren, Prota, Acrux, CSL
- Experienced pharmaceutical executive in Manufacturing (CMC)
- Successfully developed and submitted multiple dossiers to FDA, EMA, TGA
- Background in technical transfer and product launch

✓BSc (Hons) – Applied Biology
✓MBA - Business

Medical Advisory Board



Professor Hiddo Heerspink
PhD
Chairman

Professor of Clinical Trials and Personalized Medicine: University Medical Center Groningen, the Netherlands. He specialises 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.

Dr Muh Geot Wong
MBBS, PhD, FRCP
Member

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 Alessia Fornoni
MD, PhD, FASN
Member

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
Member

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
Member

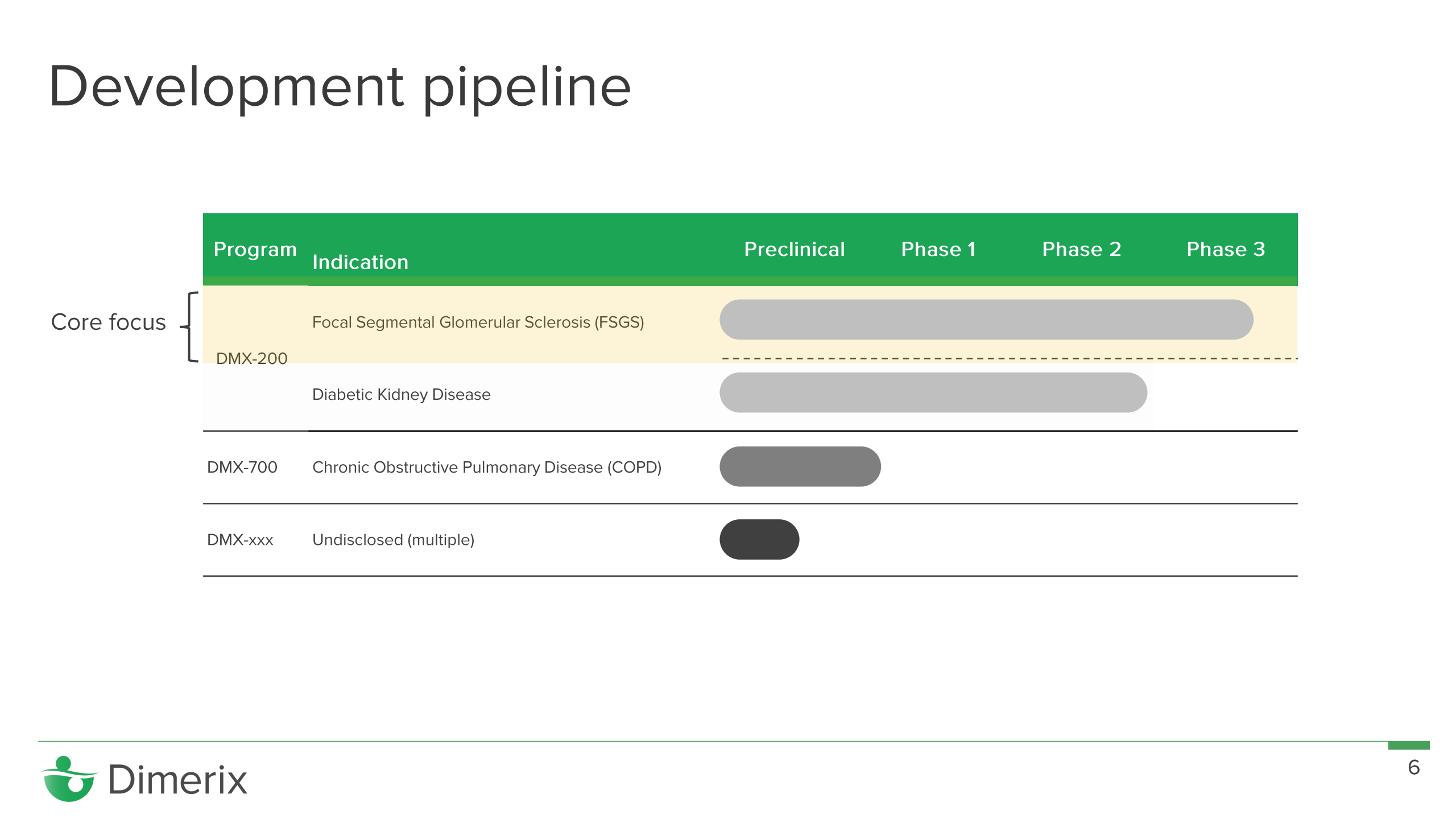
An attending physician and Director of the Kidney and Blood Pressure Center in the Division of Nephrology at Tufts Medical Center. Lesley's major research interest is in the estimation and measurement of glomerular filtration rate (GFR) and in defining alternative endpoints for CKD progression trials based on GFR decline and changes in albuminuria.

China Lead Investigator: Professor Hong Zhang, MD PhD
Deputy Director of Renal division at Peking University First Hospital

Development pipeline

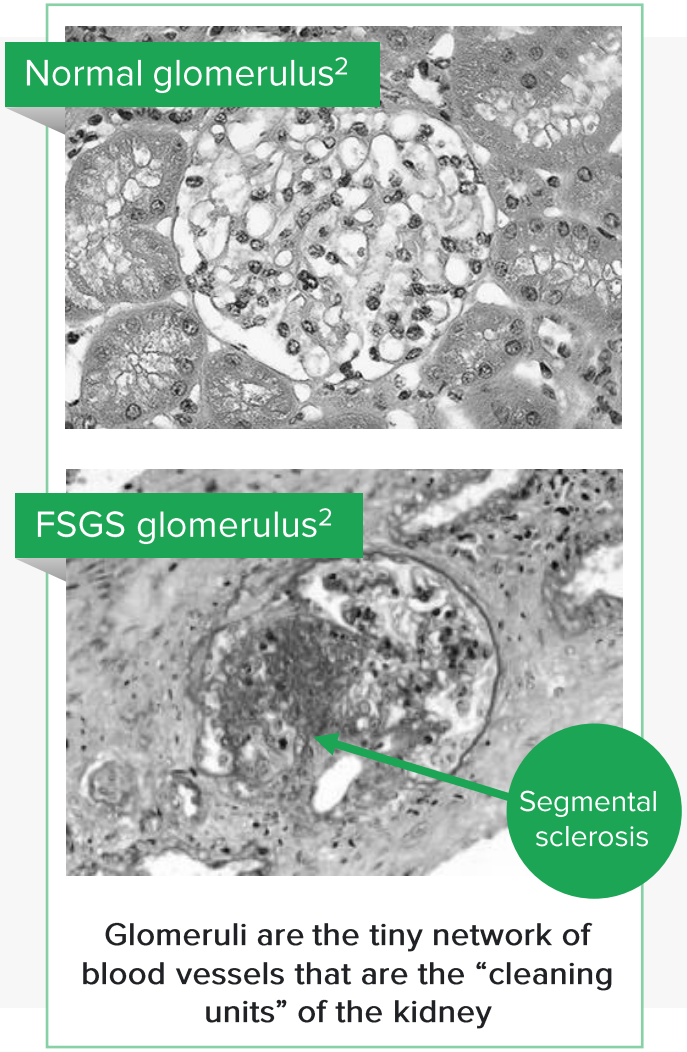
Core focus

Program	Indication	Preclinical	Phase 1	Phase 2	Phase 3
DMX-200	Focal Segmental Glomerular Sclerosis (FSGS)				
	Diabetic Kidney Disease				
DMX-700	Chronic Obstructive Pulmonary Disease (COPD)				
DMX-xxx	Undisclosed (multiple)				



What is the patient journey of Focal Segmental Glomerulosclerosis (FSGS)?

- Focal segmental glomerulosclerosis (FSGS) is one of the most common forms of acquired glomerular disease leading to end stage kidney disease (ESKD)
- FSGS makes up approximately 10% of all kidney diseases[1]
- On average FSGS progresses to kidney failure within 5 years after onset of proteinuria[1]
- Caused by a variety of conditions - primary FSGS, genetic FSGS, FSGS of unknown cause and secondary FSGS[3]
- Prevalence of FSGS growing due to increase in:
  - Diabetes
  - Obesity
  - Ageing population
- Currently no approved drugs for FSGS
  - patients are treated with medications off-label, including angiotensin receptor blockers
- Significant burden on global health systems to support healthcare economics / drug pricing
  - Patients end up on dialysis (est cost US$90,000/patient/year)[4]
  - Patients requiring kidney transplant (est cost US$442,500 per transplant + ongoing medication fees)[5]
  - 60% patients have reoccurring FSGS even after first kidney transplant[6]

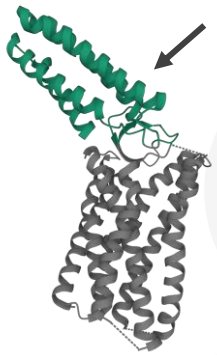


Glomeruli are the tiny network of blood vessels that are the "cleaning units" of the kidney

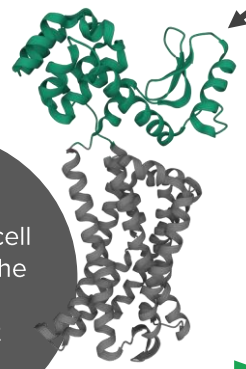
1. Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/; 2. J Korean Soc Pediatr Nephrol 2012;16:21-31 http://dx.doi.org/10.3339/jkspn.2012.16.1.21; 3. Nephcure FSGS factsheet 2022: https://2eu46v1q93c11mayx1nfvwg6-wpengine.netdna-ssl.com/wp-content/uploads/2021/02/nc.factSheet.FSGS_210106.pdf; 4. The Kidney Project (2022) https://pharm.ucsf.edu/kidney/need/statistics; 5. Global Perspective on Kidney Transplantation: United States (2022) DOI: 10.34067/KID.0002472021; 6. Front. Immunol., July 2019 | https://doi.org/10.3389/fimmu.2019.01669;

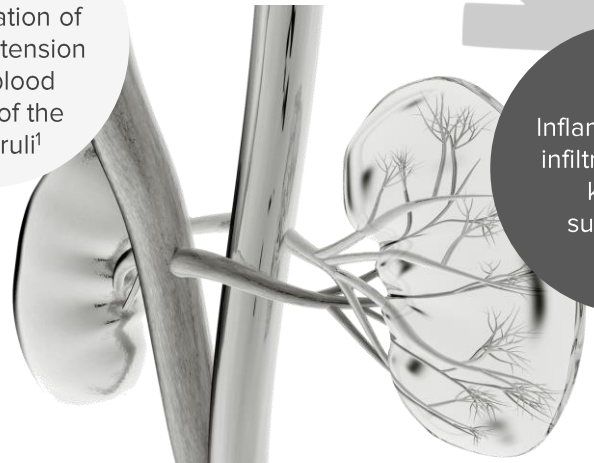
3 key mechanisms that cause sclerotic kidney disease

AT1R – blocked by angiotensin receptor blocker (ARB)



CCR2 –CCR2 is the receptor for MCP-1; DMX-200 inhibits CCR2 to block attraction of inflammatory cells into the kidneys[3]





1
Hyperfiltration of and hypertension within blood vessels of the glomeruli[1]

2
Inflammatory cell infiltration of the kidneys: subsequent fibrosis

3
Loss of specialised cells called Podocytes (cannot regenerate) from the glomeruli

Less filtering cells cause further hyperfiltration and inflammation

Dimerix' proprietary discovery tool determined a functional interaction between AT1R and CCR2[2]

Certain kidney cells express both receptors, thus using only 1 compound does not completely block activation and results in only a partial response[2,3]

DMX-200 unique proposition:
total benefit is greater than the sum of the two individual effects[2,3]

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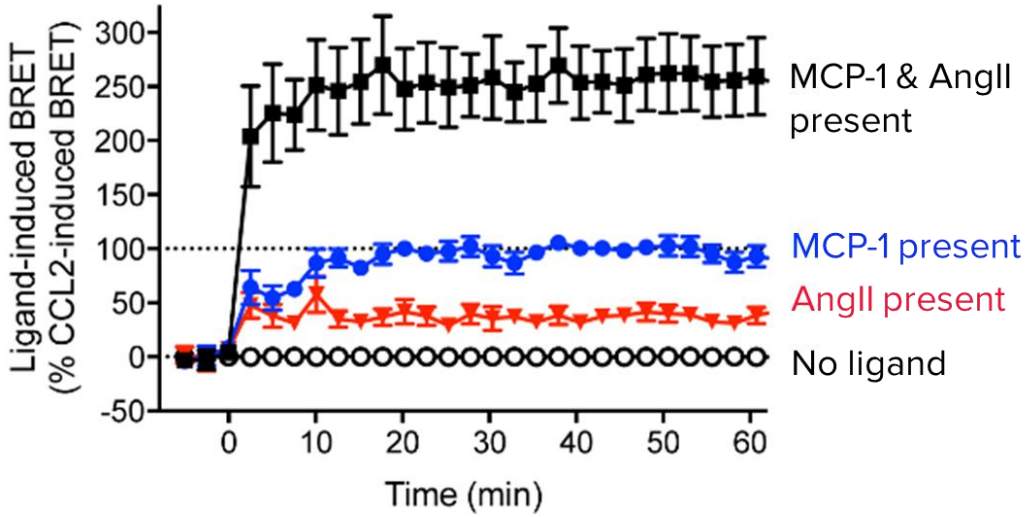
1. Lewis, E. J. et al. (2001), New Engl J Medicine 345, 851–860; 2. ASX releases 09Feb2016 through to 29Feb2022; 3. Ayoub MA, et al. (2015) PLoS ONE 10(3): e0119803

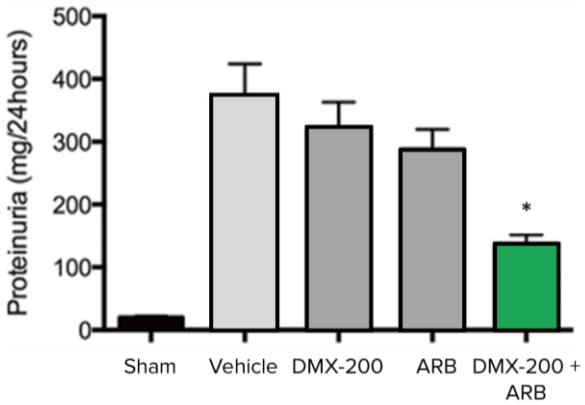
DMX-200 unique heteromer pharmacology

Proprietary discovery platform (Receptor-HIT) identified:

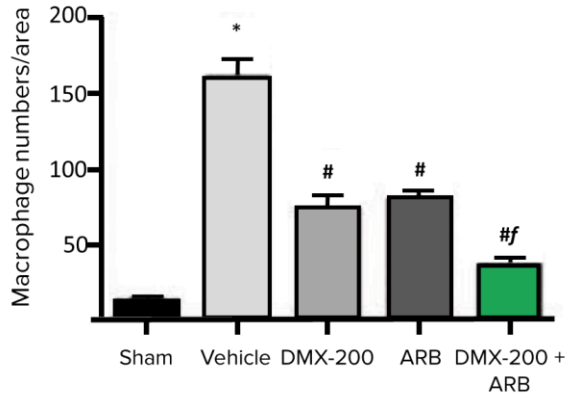
- Formation of AT1R and CCR2 heteromers;
- Novel pharmacology (potentiation of signaling)
- Dual antagonism required for completed inhibition



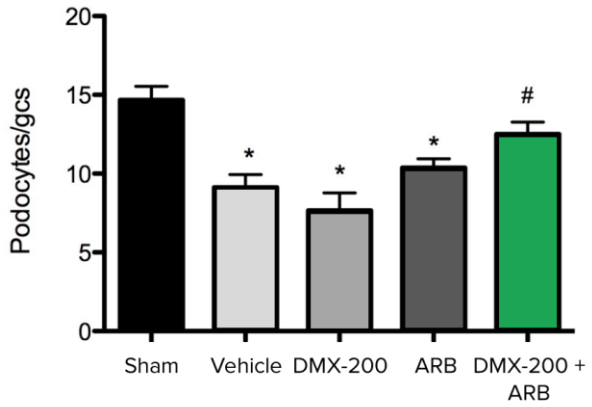
↓ Proteinuria



↓ Macrophage infiltration



Retained podocyte numbers



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

*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.

DMX-200 is a strong product candidate

A CCR2 inhibitor working synergistically alongside the current standard of care (AT1R blocker): G protein-coupled receptor (GPCR)

Small molecule	Easy & convenient dosing	Strong safety profile[3]	Proven efficacy[3]
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 (total of 95 patients dosed)[3]	4 clinical studies completed to date: positive efficacy signals across studies[3]

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

DMX-200 met Phase 2a clinical study endpoints

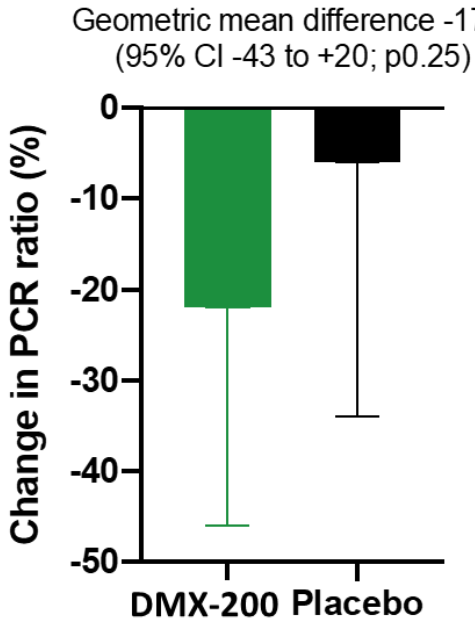
Clinically meaningful outcomes for patients

EFFICACY

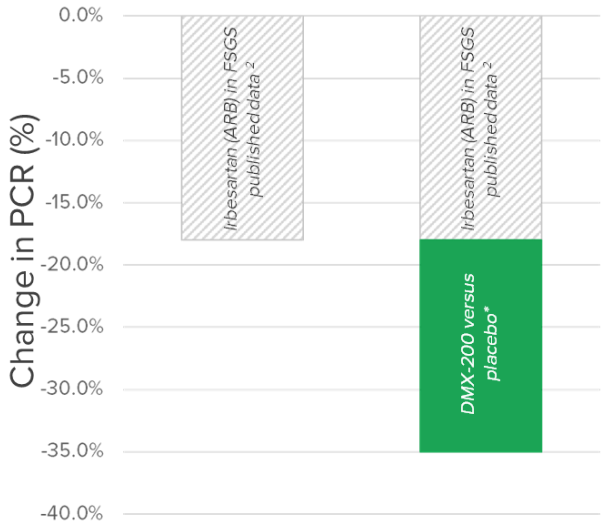
- 86% of patients demonstrated reduced proteinuria on DMX-200 versus placebo
- 29% of patients demonstrated >40% reduction in proteinuria

SAFETY

- No safety concerns – reduced development risk
  - DMX-200 compares favourably to compounds currently in development



Average reduction in proteinuria after 16 weeks treatment on DMX-200 versus placebo compared to standard of care alone in FSGS patients[1]



PCR = protein creatinine ratio; ARB = angiotensin receptor blocker
1. Repeated measures mixed model analysis

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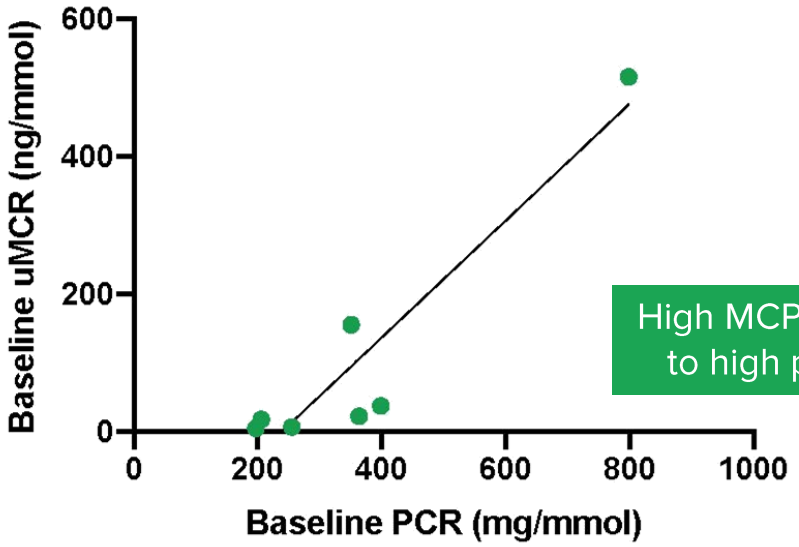
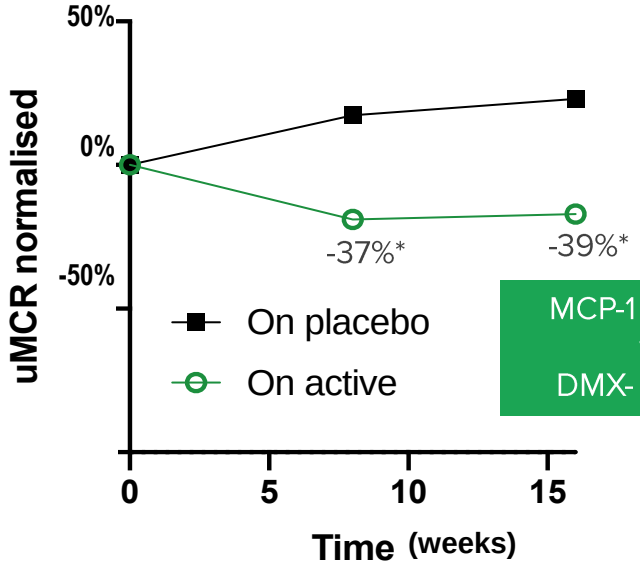
DMX-200 targets key inflammatory biomarker

FSGS patients with high proteinuria present with high urine MCP-1 concentration



High MCP-1 correlates to high proteinuria

Unlike other clinical-stage CCR2 antagonists, DMX-200 reduces MCP-1 concentration



MCP-1 levels reduced when on DMX- 200 treatment

- **16 weeks treatment with DMX-200 vs placebo reduced MCP-1 biomarker by 39%:**
  - Reduced immune cell recruitment to the kidney is highly correlated with reduced inflammation and subsequent fibrosis (scarring) in animal models and clinical studies

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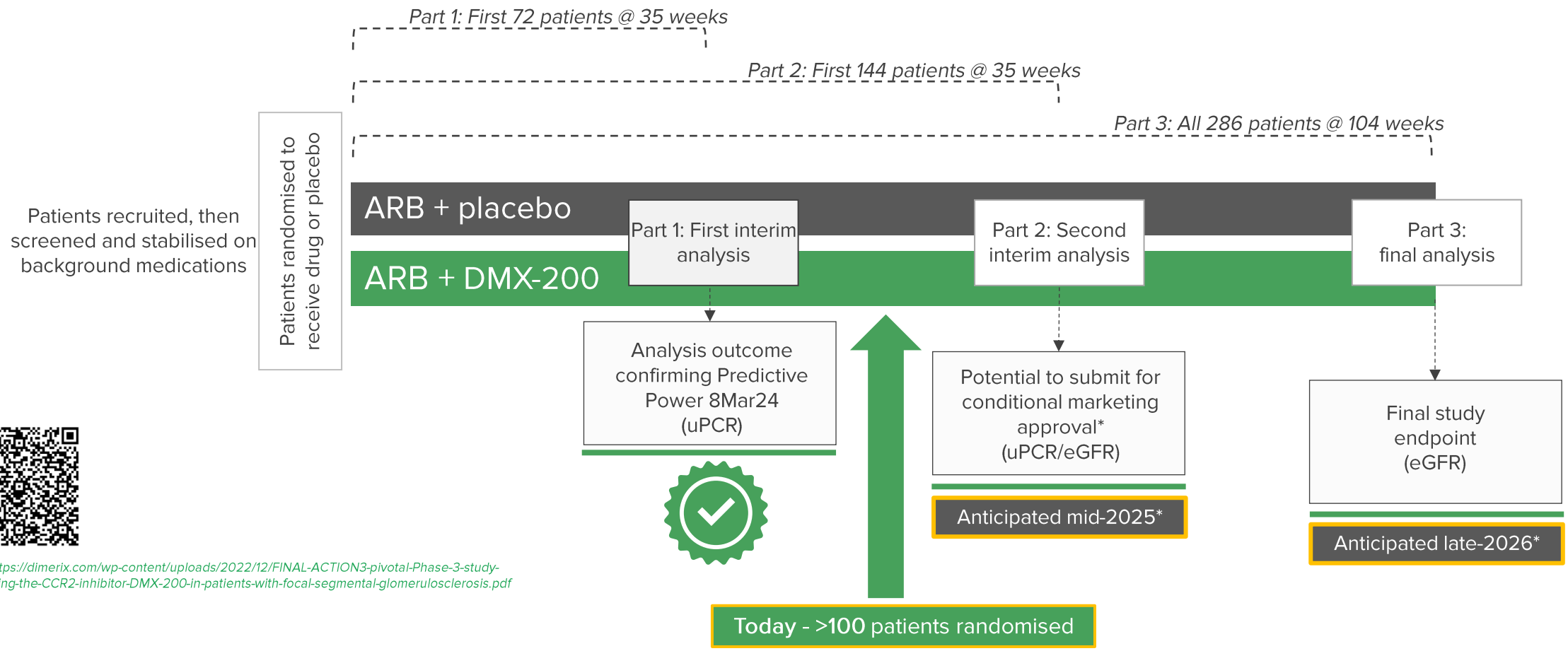
uMCR = Urinary MCP-1 creatine ratio
PCR = protein creatinine ratio
**placebo adjusted difference*

ACTION3 Global 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



See: https://dimerix.com/wp-content/uploads/2022/12/FINAL-ACTION3-pivotal-Phase-3-study-assessing-the-CCR2-inhibitor-DMX-200-in-patients-with-focal-segmental-glomerulosclerosis.pdf

**Subject to recruitment rate, data outcome and regulatory feedback (including PARASOL) in each territory*

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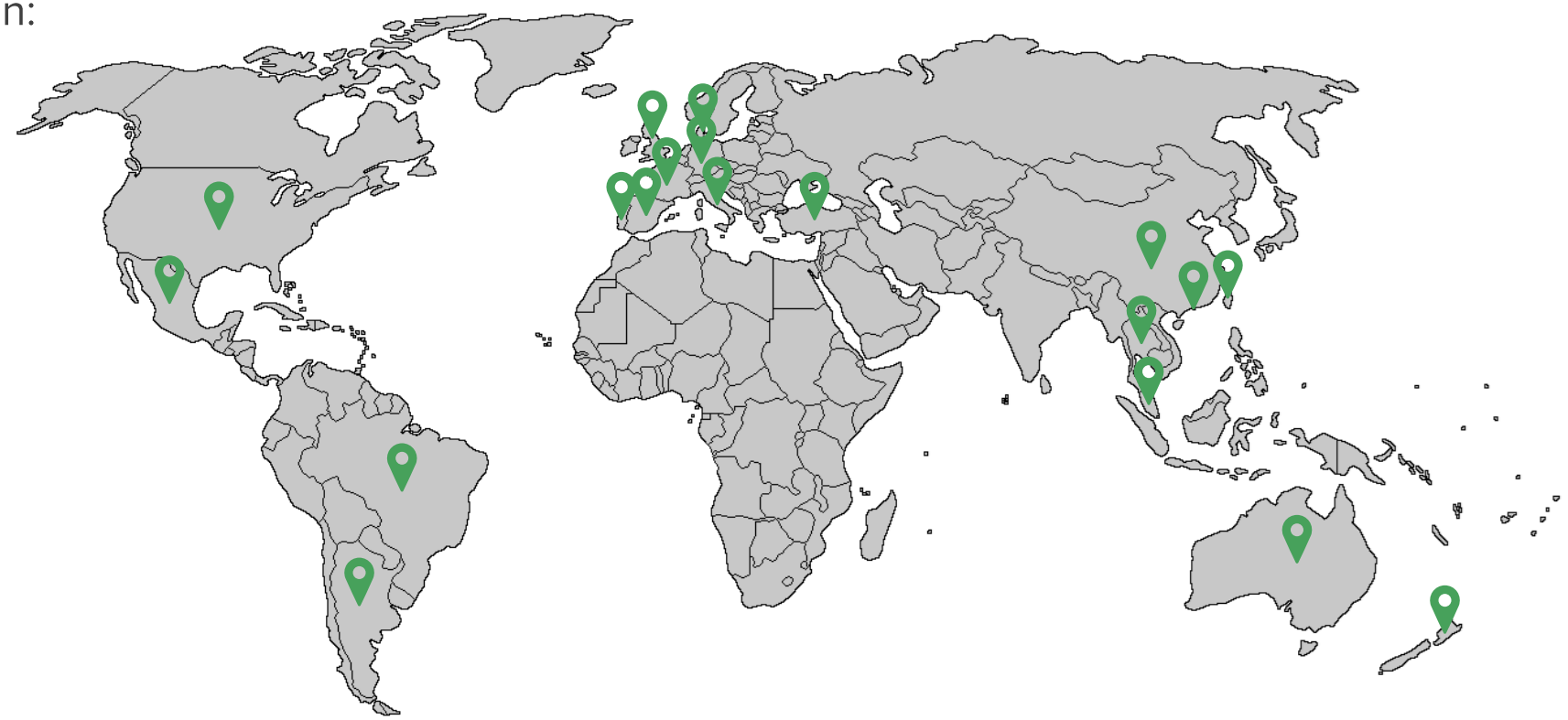
ACTION3
FSGS CLINICAL STUDY

Current and planned clinical sites

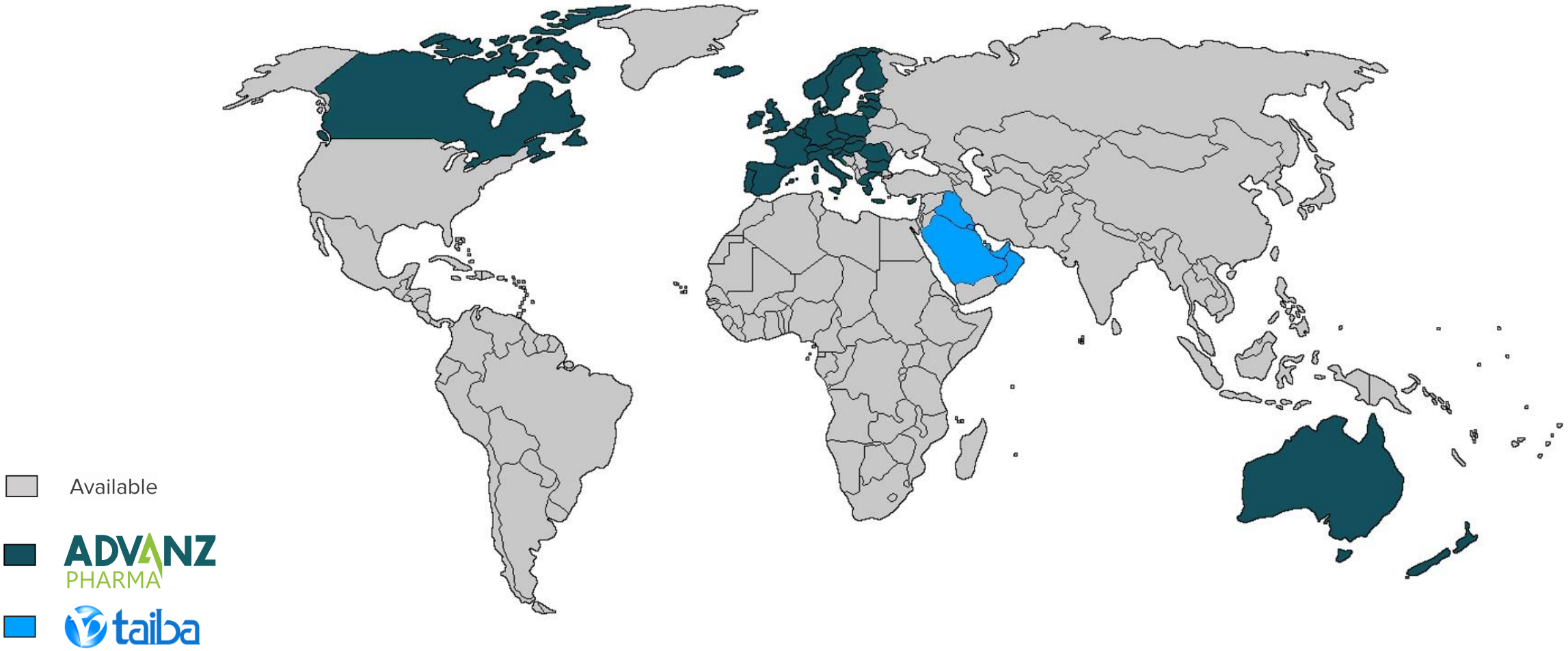
A randomised, double-blind, multi-centre, placebo-controlled study of renal outcomes of DMX-200 in patients with FSGS receiving an ARB

Recruitment planned at 170+ sites in:

- Australia, New Zealand
- Taiwan, Hong Kong, Malaysia, Thailand
- Mainland China
- France, Denmark, UK, Spain Italy, Germany, Portugal
- Türkiye
- USA, Mexico
- Argentina, Brazil

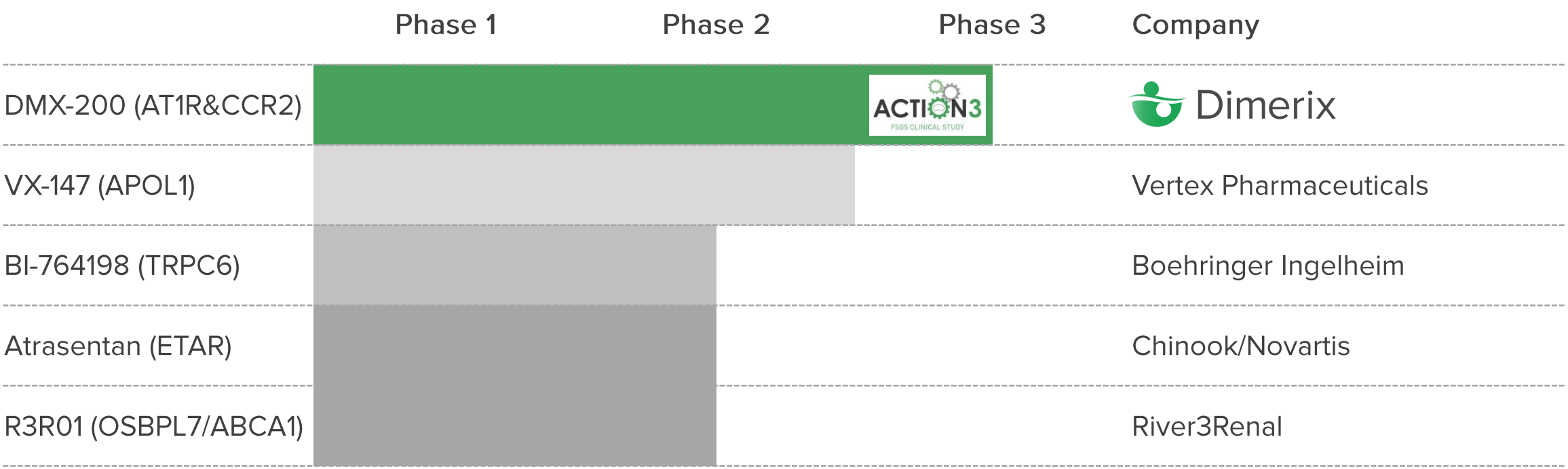


Global partnering availability



Low competitive landscape in FSGS

DMX-200 is the leading therapy in phase 3 development for FSGS



Sources: Company Documents, Statutory and Regulatory Filings

Strong exclusivity and intellectual property