For Immediate Release

DIMERIX LIMITED
CMO APPOINTMENT AND CLINICAL TRIALS UPDATE

Highlights

- **Chronic Kidney Disease expert, Associate Professor David Packham appointed to newly created role of Chief Medical Officer to lead development of Dimerix's lead therapeutic program, DMX-200**
- **Activities in place to prepare for launch of the Phase 2 DMX-200 clinical trial in patients with FSGS, including clinical trial design, selection of Clinical Research Organisation and identification and appointment of lead trial site**
- **Planning is well advanced for a cohort of patients with diabetic nephropathy, to be treated using DMX-200, leveraging the FSGS trial infrastructure**

MELBOURNE, Australia, 27 March 2018: Dimerix Limited or the "Company" (ASX: DXB), a clinical stage biotechnology company, today announced the appointment of Associate Professor David Packham to the role of Chief Medical Officer (CMO) and provides an update on the development plan for its lead therapeutic program, DMX-200 for Chronic Kidney Disease (CKD).

Chief Medical Officer Appointment

Associate Professor Packham, who is a specialist clinician in the area of CKD, has been appointed Chief Medical Officer for Dimerix, a newly created role.

Through this new role, Associate Professor Packham will drive the continuing DMX-200 clinical programs. He will be responsible for the identification and engagement of clinical trial sites in Australia and will help to define and identify patient populations, particularly with respect to the rare disease Focal segmental glomerulosclerosis, a rare disease which causes nephrotic syndrome in children and adolescents and is a leading cause of kidney failure in adults. He will also be tasked with leading communications with international key opinion leaders.

Associate Professor Packham was one of the Principal Investigators on the Company's successful Phase 2a trial in CKD, which was concluded in 2017, and therefore brings a solid understanding of DMX-200 to the role. He is also current Chairman of the Medical Advisory Board for FSGS.

Associate Professor Packham commented, "This is an exciting time to be joining Dimerix's management team. The very positive DMX-200 Phase 2a clinical trial results in CKD announced last year provide a pathway for the development of next stage clinical studies in both the FSGS and Diabetic Nephropathy indications to test for efficacy. The statistically, and clinically, significant 36% fall in proteinuria (measured by the albumin creatinine ratio) in patients with diabetic nephropathy in the Phase 2a trial is obviously of great importance. Designing and conducting these trials in Australia provides considerable opportunities for synergies between the two trials and the most vigorous efficacy analysis."

Kathy Harrison Dimerix CEO commented, "We welcome David and look forward to benefiting from his deep expertise in the newly created role. He is a strong supporter of Dimerix as demonstrated through his diligence in reviewing the programs and active involvement with the company prior to this formal appointment".

DMX-200 clinical trial update

A series of activities are underway to prepare Dimerix to commence its Phase 2 trial in Focal Segmental Glomerulosclerosis (FSGS), a rare (orphan) disease which causes nephrotic syndrome in children and adolescents, and is a leading cause of kidney failure in adults.

Over recent months, Dimerix has engaged with a number of stakeholders and collected feedback to help shape the upcoming DMX-200 Phase 2 clinical trial design for patients with FSGS. In consideration of the feedback received, and in consultation with its Medical Advisory Board, the Company is working through a review of past and current FSGS trials and the proposed protocol to ensure it is optimally structured to be attractive for patient recruitment, identify signals of efficacy and support partnering activities. Synergies between the FSGS and planned diabetic nephropathy study have been identified to take DMX-200 into a Phase 2b trial in diabetic nephropathy.

In parallel with trial design and protocol finalisation, selection of contract research organization (CRO) and site selection are progressing to streamline the FSGS and the planned trial in diabetic nephropathy trials. The lead clinical site for both trials has been identified and activities to identify and engage further sites in Australia are also well underway. Details of both study designs are expected to be released in Q2 calendar 2018. The corresponding ethics committee submission is also expected to occur in Q2.

Kathy Harrison, commented, “Feedback from key opinion leaders in the FSGS and diabetic nephropathy fields has been valuable in helping us to finalise the trial designs for best effect. The team is working hard in the meantime to finalise the other preparations required to start the FSGS study, as well as considering the best approach to investigating DMX-200 in patients with diabetic nephropathy following on from the strong response observed in that patient population in last year’s Phase 2a trial.”

Appendix – Biographical information

Associate Professor David Packham – CMO

A/Prof Packham is the Director of the Melbourne Renal Research Group, a specialist research facility for nephrology studies. In this capacity, he has been a Consultant Nephrologist for 27 years and engaged in Clinical research for over 30 years. He has extensive experience in the design and conduct of Phase 2 and 3 Clinical trials in Nephrology and served as Asia Pacific lead investigator on a number of pivotal international studies in Nephrology over the last 10 years. His research group has participated in over 40 international clinical trials in a variety of chronic kidney conditions. A/Prof Packham currently holds honorary Consultant positions in Depts. Nephrology at Royal Melbourne and Austin Hospitals and is a Clinical Associate Professorship in Dept. of Medicine, University of Melbourne. He was a member of the Consultative Council for Clinical Trial Research; advising the Minister for Health on the development and conduct of clinical research in Victoria, is a Director of the Asia Pacific Collaborative Study Group and a member of the Executive of the American Cardio Renal Society, and the current Asia Pacific representative for the Nephcure Accelerating Cures Institute. A/Prof Packham currently holds Advisory Board roles or advises renal programs with Astra Zeneca, Vifor, Otsuka and Reata. Prior roles include those with Abbvie, Mesoblast, ZS Pharma and Keryx. A/Prof Packham has authored and co-authored over 85 peer review publications, including publications in the high impact journals of New England Journal of Medicine (NEJM), Journal of the American Medical Association (JAMA) and BMJ (formerly British Medical Journal), receiving over 2000 citations in the medical literature.

His formal qualifications include his basic medical degree from the University of London (1981) and his subsequent Doctorate of Medicine from the University of Melbourne (1989). He is a Fellow of both Royal College Physician London and Royal Australian College of Physicians.

A/Prof Packham has a major shareholding in Dimerix through his family superannuation fund.

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About Dimerix Bioscience Pty Ltd

Dimerix Limited's (ASX: DXB) wholly owned subsidiary Dimerix Bioscience Pty Ltd is a clinical-stage pharmaceutical company committed to discovering and developing new therapeutic models identified using its proprietary assay, termed Receptor-Heteromer Investigation Technology (Receptor-HIT). This assay enables the identification of pairs of receptors that function in a joint manner (interact) when ligands, small molecule drugs, peptides or antibodies, bind to them.

The Receptor-HIT technology was used to identify DMX-200 in an internal drug development program, initially for the treatment of a subset of patients with chronic kidney disease.

For more information see www.dimerix.com

About the DMX-200 program

DMX-200, which successfully completed a Phase 2a clinical trial in humans, is being developed as an adjunct therapy, adding propagermanuim to a stable dose of irbesartan. Irbesartan is an off-patent angiotensin II type I receptor blocker indicated for the treatment of hypertension and nephropathy in Type II diabetic patients. Propagermanium (PPG) is a chemokine receptor (CCR2) blocker, which has been used for the treatment of Hepatitis B in Japan and is available in the USA for its anti-inflammatory properties. DMX-200 has been shown to improve the outcome of chronic kidney disease by reducing proteinuria by more than 50 per cent in animal models [(1)].

Dimerix released the results of its Phase 2a clinical trial in humans for DMX-200 in July 2017. The trial met its primary endpoint of safety and tolerability in the participating patient group, which included patients with diabetic nephropathy (10), IgA nephropathy (6), and other proteinuric diseases (11). As a secondary endpoint, DMX-200 was shown to reduce levels of proteinuria in a number of patients. This was deemed a "clinically meaningful" result by leading clinicians. Sub set analysis released in November 2017 showed both a statistically significant and clinically meaningful reduction in proteinuria in the diabetic nephropathy cohort of patients

Dimerix intends to take DMX-200 into clinical trials to test efficacy in calendar 2018 starting with its lead program in focal segmental glomerulosclerosis (FSGS), for which it has orphan drug designation in the US. Dimerix plans to take DMX-200 for diabetic nephropathy (DN) into a Phase 2b trial in H2 calendar 2018 or early calendar 2019.

About Chronic Kidney Disease

Chronic Kidney Disease (CKD) is a disorder in which patients show progressive loss of renal function usually accompanied by excess protein in the urine (proteinuria). Levels of proteinuria predict rate of decline of renal function (higher levels = more rapid decline). In part this is believed to reflect direct toxicity, or damage, to the kidneys by proteinuria itself. This establishes a cycle of worsening renal function leading in turn to increasing proteinuria and further kidney damage. Many CKD patients

progress to a need for renal replacement therapy or dialysis and / or experience excessive morbidity and mortality from cardiovascular-related diseases.

The prevalence of CKD is rising and as such there is urgent need for treatments that can benefit CKD patients, including reducing proteinuria. In most cases of CKD residual proteinuria continues even with optimal use of existing therapies. Accordingly, therapies designed to further reduce, or abolish, proteinuria, are eagerly sought.

The rationale behind the DMX-200 program is to provide patients with a therapy that can reduce proteinuria in addition to that achieved with standard best therapy. The unmet need of CKD patients is reinforced by Dimerix's Orphan Drug Designation.

(1) Functional interaction between angiotensin II receptor type 1 and chemokine (C-C motif) receptor 2 with implications for chronic kidney disease. Ayoub MA, Zhang Y, Kelly RS, See HB, Johnstone EK, McCall EA, Williams JH, Kelly DJ, Pfleger KD. PLoS One. 2015 Mar 25;10(3):e0119803. doi: 10.1371/journal.pone.0119803.