

Dimerix Limited

*a Phase 2 biotech with a scalable, proprietary platform
technology*

June 2019



Dimerix

Forward looking statements

This presentation includes forward-looking statements that are subject to risks and uncertainties. Such statements involve known and unknown risks and important factors that may cause the actual results, performance or achievements of Dimerix to be materially different from the statements in this presentation.

Actual results could differ materially depending on factors such as the availability of resources, the results of clinical studies, the timing and effects of regulatory actions, the strength of competition, the outcome of legal proceedings and the effectiveness of patent protection.

Dimerix Corporate Overview

Financial information

ASX Code	DXB
Share price (24 Jun 19)	\$0.085
52 week low / high	\$0.072 / \$0.15
Shares on issue	158.8m

Market Capitalisation	\$13.5 million
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Cash (as at 31 Mar 19)	\$4.5 million
Debt	\$0

Enterprise value	\$9.0 million
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Top shareholders:

1	Mr Peter Meurs	15.63%
2	Yodambao Pty Ltd	3.98%
3	White Family A/C	1.38%
4	Pfleger Family A/C	1.33%
5	Jampaso Pty Ltd	1.12%

*Automatic Register as at 25Jun19
Note shareholders may have other holdings*

About Dimerix



People

- Proven Management and Board with international experience
- Diverse skill sets
- Strategic alignment
- Successfully commercialised pharma products globally



Patents

- Unique GPCR screening technology
- Clear product differentiation
- Comprehensive protection
 - ✓ DMX-200 patents granted to 2033
 - ✓ Receptor-HIT patents granted to 2029



Products

- Receptor-HIT GPCR screening assay
- Positive successful Phase 2 data
- DMX-200 – high value Phase 2 assets:
 - ✓ Diabetic Kidney Disease
 - ✓ FSGS
- Assets wholly owned by Dimerix

Corporate highlights



Receptor-HIT Assay
licensed;
Dimerix eligible for
royalties on fee-for-
service offering



Excellent results from
Phase 2a trial in 2017
all trial endpoints met



Special Access Scheme
(SAS) available to patients
completing Phase 2 trials
+
Multiple patients from 2017
study remain on SAS



Cash reserves of
\$4.5 million
sufficient to complete
both trials



R&D collaboration
underway with
University Western
Australia

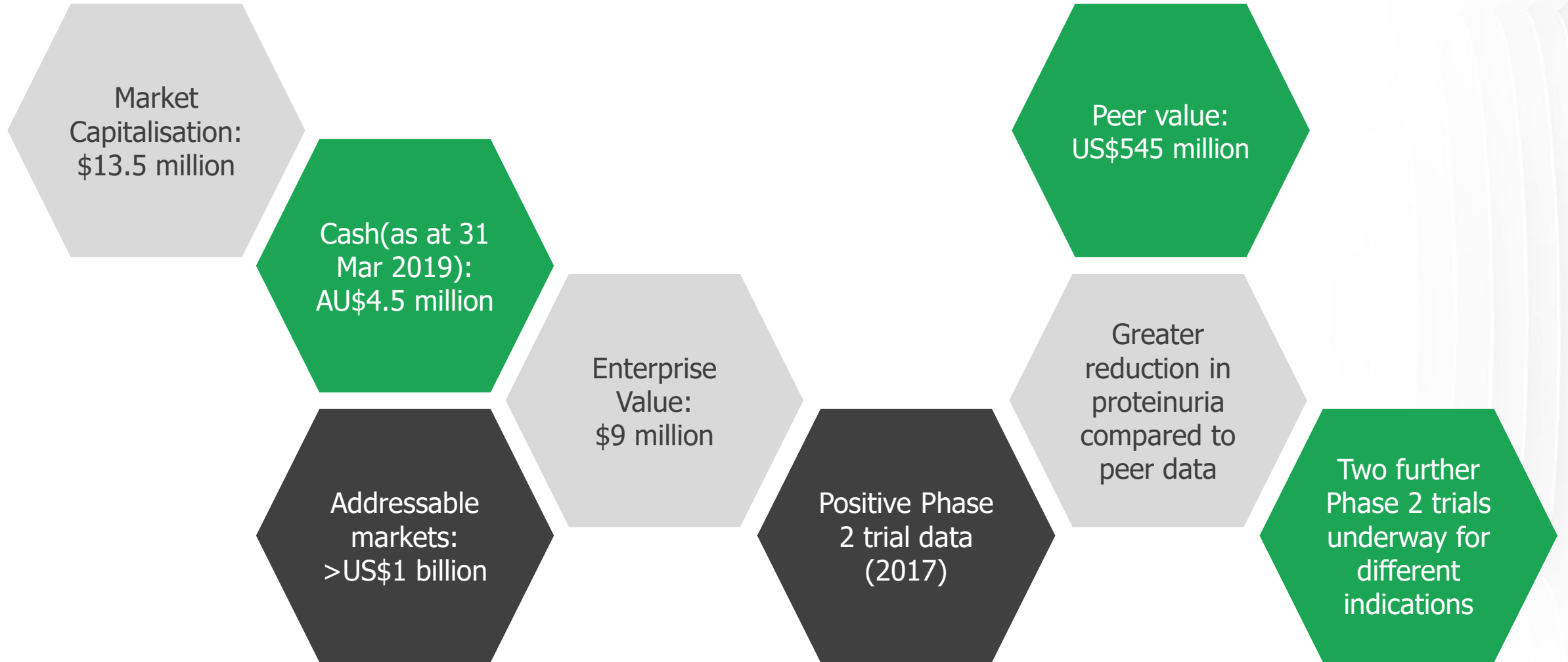


80% patients
recruited in
Diabetic Kidney
Disease Phase 2 trial;
data expected Q220



FSGS Phase 2a trial
recruitment expected
to complete July19;
data expected Q220

Value proposition



Board of Directors



James Williams, PhD, MBA
Non-Executive Chairman



Nina Webster, PhD, M IP Law, MBA
Chief Executive Officer /
Managing Director



Sonia Poli, PhD
Non-Executive Director



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



David Franklyn, BEcon
Non-Executive Director

Strategic activities

1

DMX-200 in Focal Segmental Glomerulosclerosis (FSGS)

Serious and rare kidney disease: orphan indication

~210,000 individuals affected globally

>93,000 patients on kidney transplant waiting list in US

DMX-200 has US and EU Orphan Drug Designation for FSGS

Faster path to market with set market exclusivity period

2

DMX-200 in Diabetic Kidney Disease (DKD)

Progressive disease, leading to kidney failure and blood dialysis

23 million diagnosed diabetics in the US*

Diabetes incidence estimated to grow 54% by 2040†

>20% of diabetics had kidney disease*

3

Receptor-HIT technology platform

Licensed: fee-for-service Is available through licensee

Enables understanding of receptor interactions

Rapidly screen and identify new drug opportunities

Applied to multiple stages of drug development process

4

Pipeline Programs

Expand and build product pipeline

Business development focus

Commercially attractive

Strategic fit within resource and funding capabilities

Partnering strategy

- Identify partner(s) with the expertise and resources to advance products to market
- Build strategic alliances across commercial, clinical and manufacturing areas at the appropriate stage of development

Enhance potential
success of product
candidates
+
Mitigate capital
obligations &
commercial risk

Current partners:



2019 - Receptor-HIT Assay Technology license agreement with Excellerate Bioscience Limited



2018 - R&D collaboration on molecular pharmacology profiling of targets of interest to Dimerix with Harry Perkins Institute of Medical Research and University of Western Australia (UWA)

Professor Kevin Pflieger, Head of Molecular Endocrinology & Pharmacology at the Perkins and Chief Scientific Advisor to Dimerix



Introduction to DMX-200



Dimerix

What is DMX-200

DMX-200: a small molecule also known as propagermanium

Not a generic
Never been FDA
approved

- Twice daily, capsule administration
- Administered to patients already on standard of care treatment (Irbesartan)
- Product attributes: deliver best-in-class benefits to patients
- Inhibits activity of a cellular receptor of inflammation: CCR2 (C-C Chemokine Receptor Type 2)
- Never been approved by a regulatory authority for clinical use in the US, Europe or Australia
- DMX-200 is not available as a generic drug and is considered a New Chemical Entity* (NCE) in the US

*NCE can attract 5 years exclusivity in US and EU
(7 years in US and 10 years in EU for Orphan Drugs)

Proposed mechanism of action

DMX-200 addresses three key mechanisms that causes renal damage and chronic kidney disease

1
hyperfiltration of
and hypertension
within blood
vessels of the
glomeruli

2
inflammatory cell
infiltration of the
kidneys:
subsequent
fibrosis

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

Irbesartan blocks cellular receptors responsible for hyperfiltration & glomerular hypertension

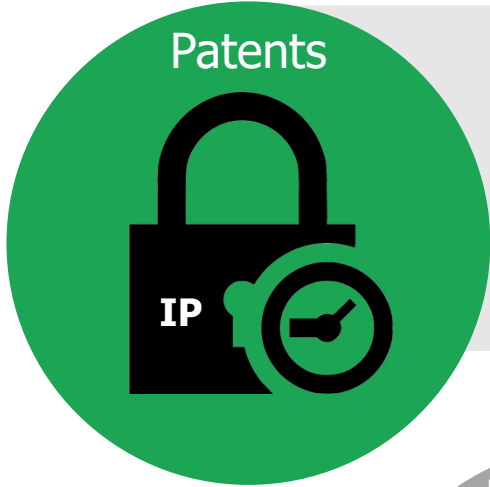
DMX-200 blocks chemokine receptor (CCR2) which initiates attraction of inflammatory cells into the kidneys

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

DMX-200 unique proposition: total benefit is greater than the sum of the two individual effects

Intellectual Property

Patents



- Multiple granted patents in numerous territories
- New patent applications underway in line with commercialisation strategy
- Granted method of use patents in key territories strengthens the company's competitive position
- Granted patents may block some competitor product development plans
- Granted method of use patents expire ~2033

Exclusivity



- New Chemical Entity can attract minimum 5 years exclusivity (more for orphan)
- DMX-200 advantage of submitting an NCE new drug application in the US & EU whilst simultaneously relying on existing safety data

Manufacturing



- Exclusively owned IP & know-how associated with DMX-200 manufacturing processes & validated methodology
- Completed manufacture of demonstration batch

DMX-200 Phase 2a 2017 results summary

An open label, Phase II, dose escalation and expansion study of DMX-200 in participants with proteinuria currently taking a stable Angiotensin Receptor Blocker therapy (Irbesartan): n=27

Primary Endpoints (“safety”)

- Incidence and severity of Adverse Events
- Clinically significant changes in the safety profile of participants (biochemistry, hematology, urinalysis, physical examinations)

Secondary Endpoints (“efficacy signals”)

- The proportion of responders, defined as those participants achieving normalisation of proteinuria or a 50% reduction in proteinuria

Desired outcome
reduction in
proteinuria

All endpoints met

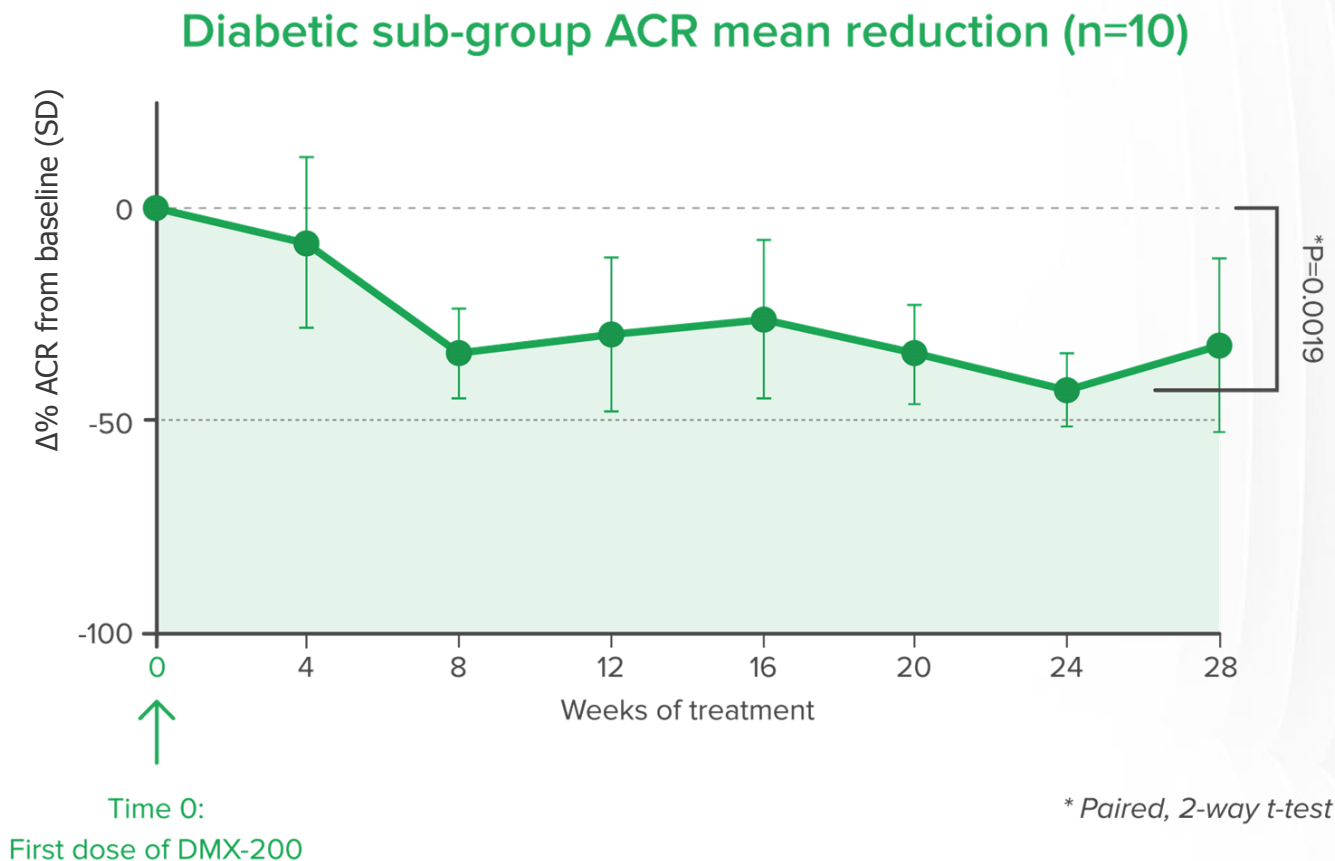
Diabetic sub-group ACR mean reduction (n=10)

- In 2017 - DXB Phase 2a study: DMX-200 + Irbesartan

Proteinuria levels reduced by a further 35.6% in diabetic sub-group

This reduction is in addition to the 24% reduction in proteinuria seen in patients taking Irbesartan

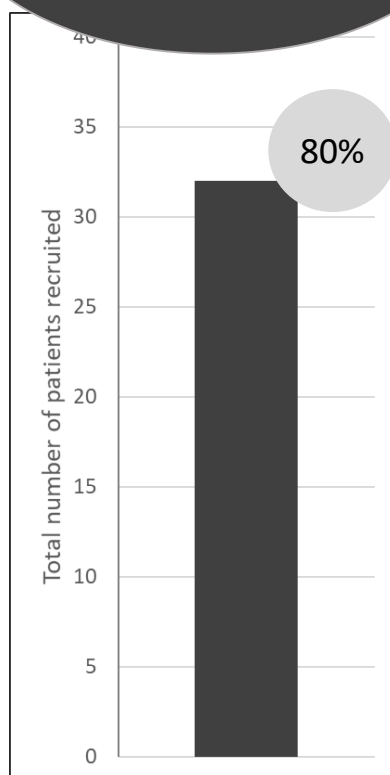
Reduction of proteinuria by >30% may increase time to dialysis by 3-5 years and reduce health costs by \$100,000 per patient per year



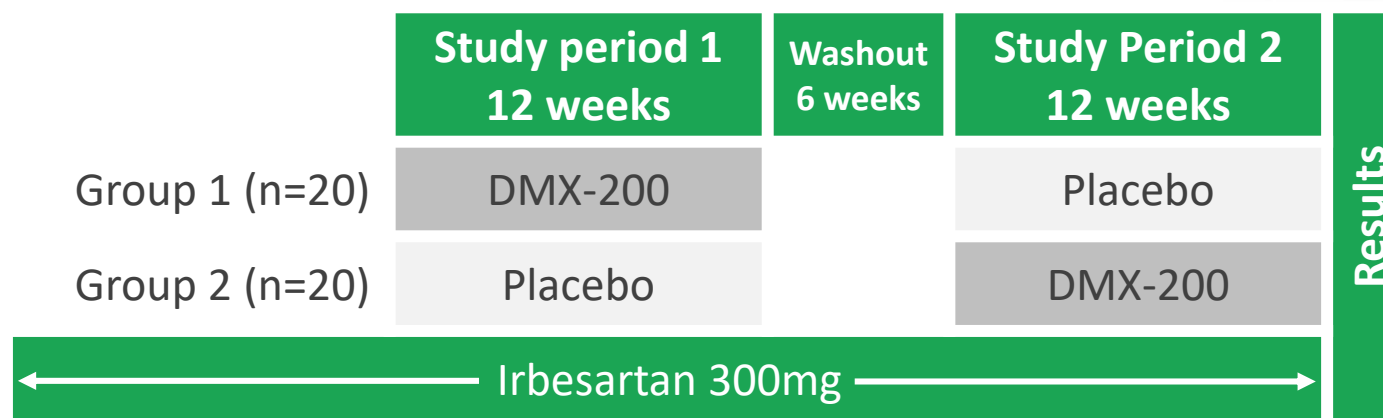
Phase 2 trial in Diabetic Kidney Disease

Diabetic Kidney Disease

- Number of patients to be enrolled: 40
- Recruitment expected to complete Sept 2019



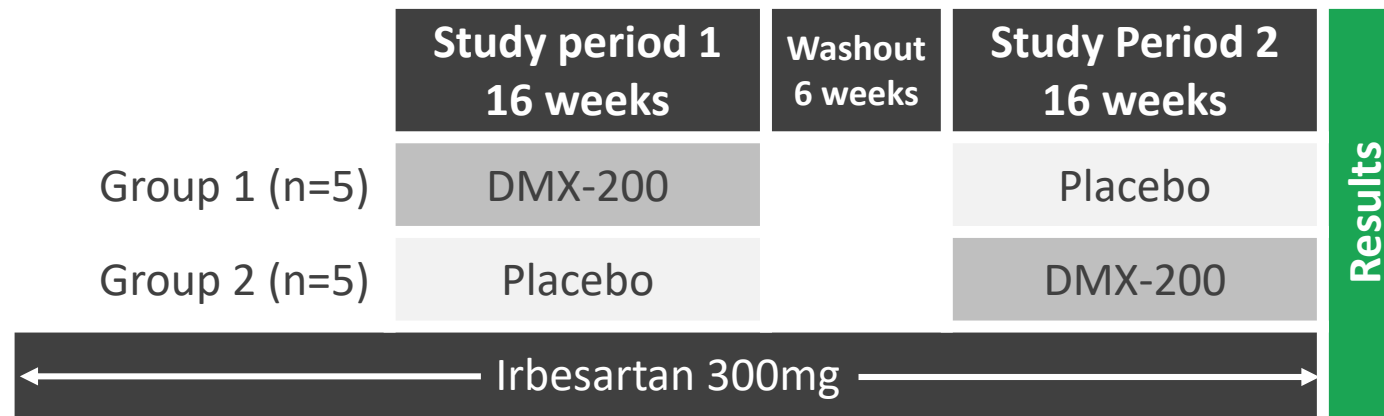
- Double-blind, randomised, placebo-controlled, crossover study evaluating the safety and efficacy of DMX-200 in patients with diabetic kidney disease who are receiving a stable dose of Irbesartan
- 12 weeks propagermanium and 12 weeks placebo separated by a 6 week washout period (ANZCTR website for details)



Study results anticipated Q2 2020 (calendar year)

Phase 2 trial in FSGS

- Double-blind, randomised, placebo-controlled, crossover study evaluating the safety and efficacy of DMX-200 in patients with FSGS who are receiving a stable dose of Irbesartan
- 16 weeks propagermanium and 16 weeks placebo separated by a 6 week washout period (ANZCTR website for details)

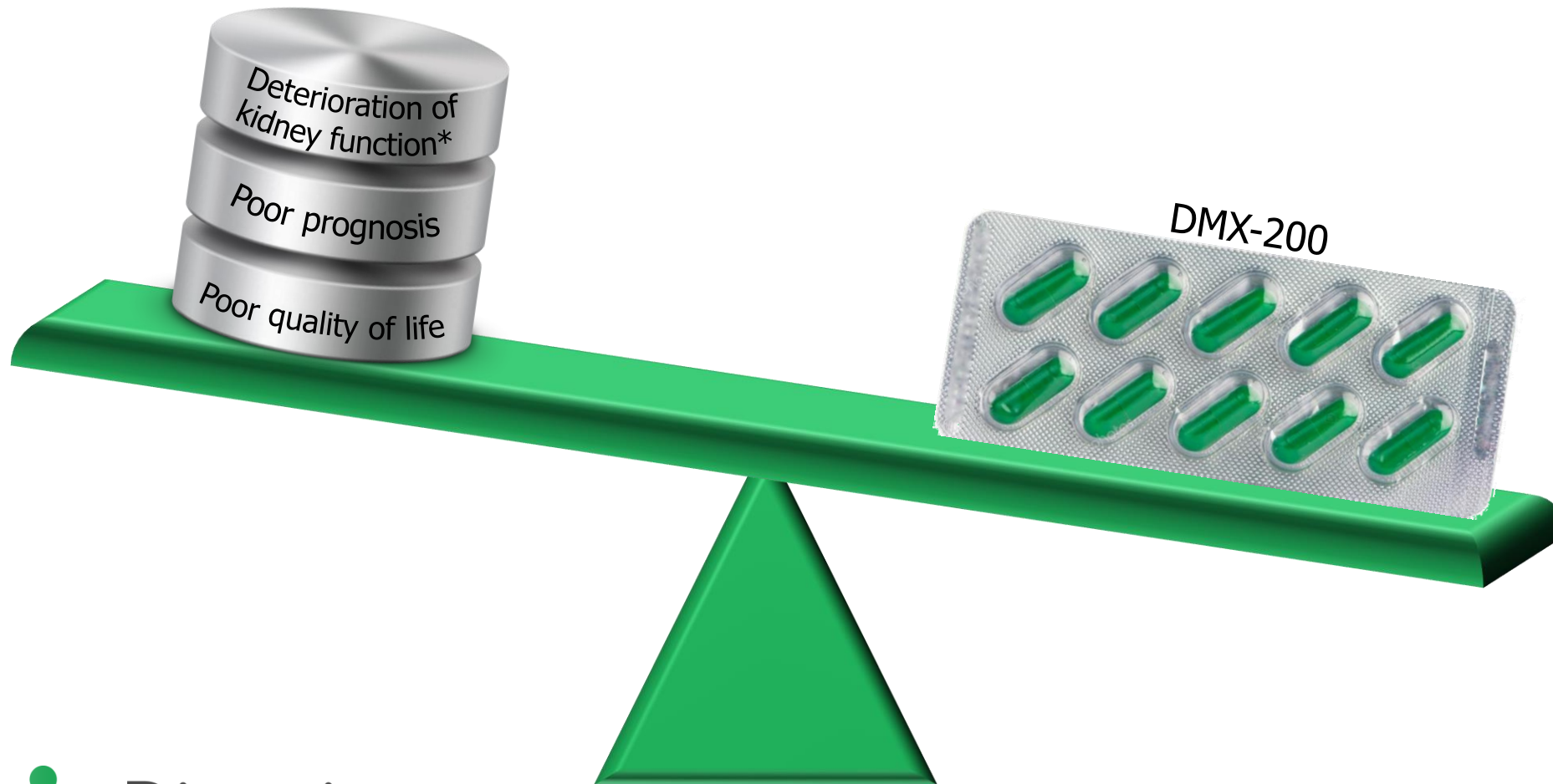


Study results anticipated Q2 2020 (calendar year)

FSGS

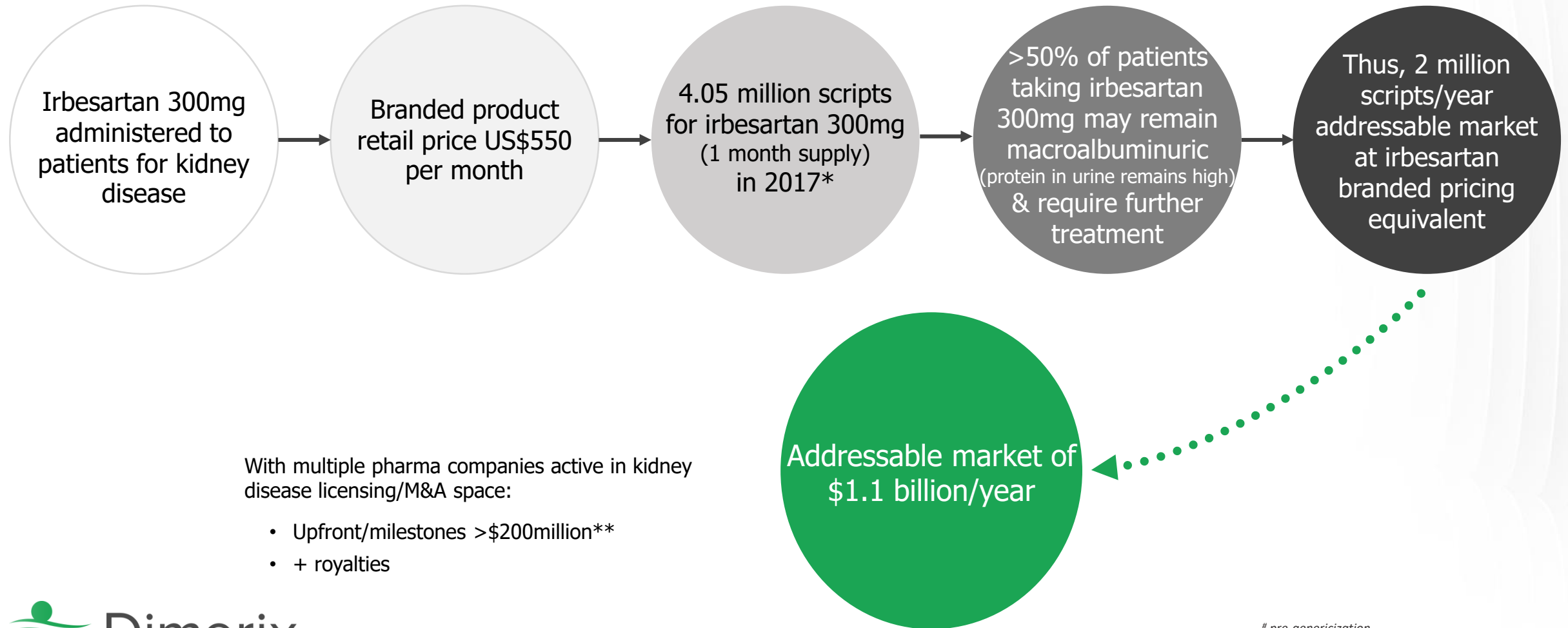
Number of patients to be enrolled: 10
Recruitment expected to complete July 2019

DMX-200 value: patients, payers & healthcare system

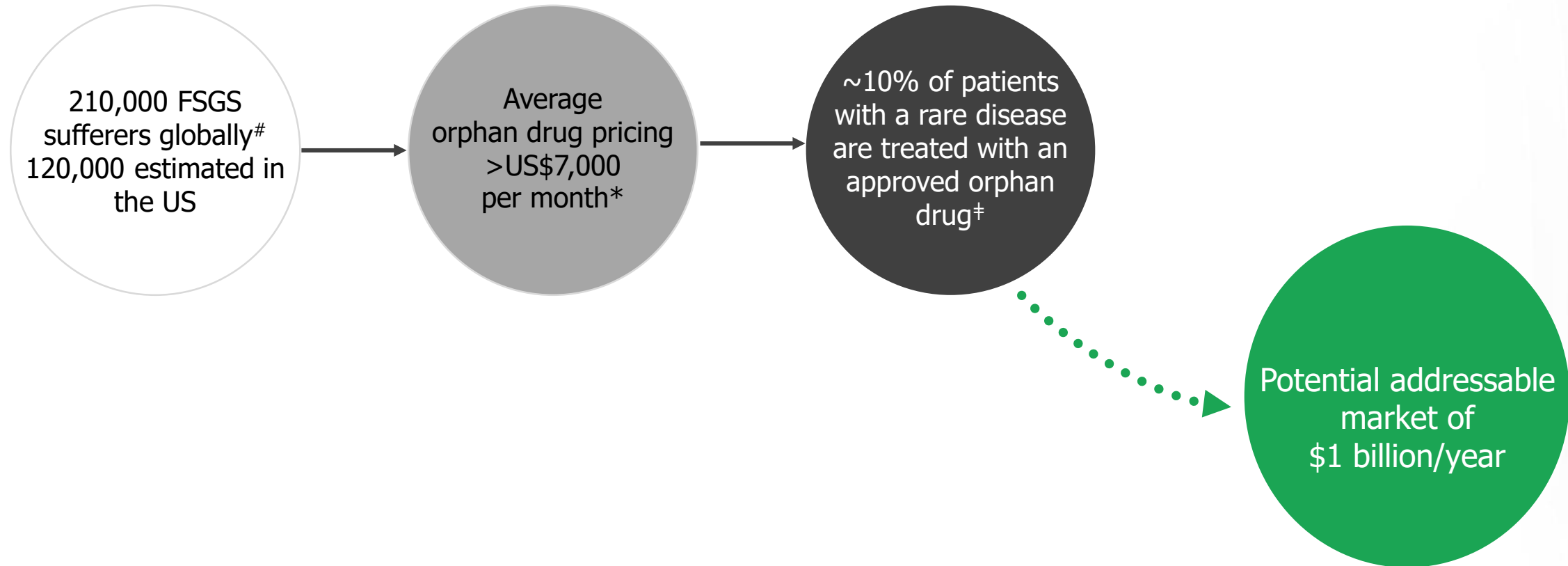


- Known compound: established safety profile
- May increase life of the kidneys (time to dialysis) by 3-5 years
- Estimated annual cost savings of \$100,000/patient/year[#]

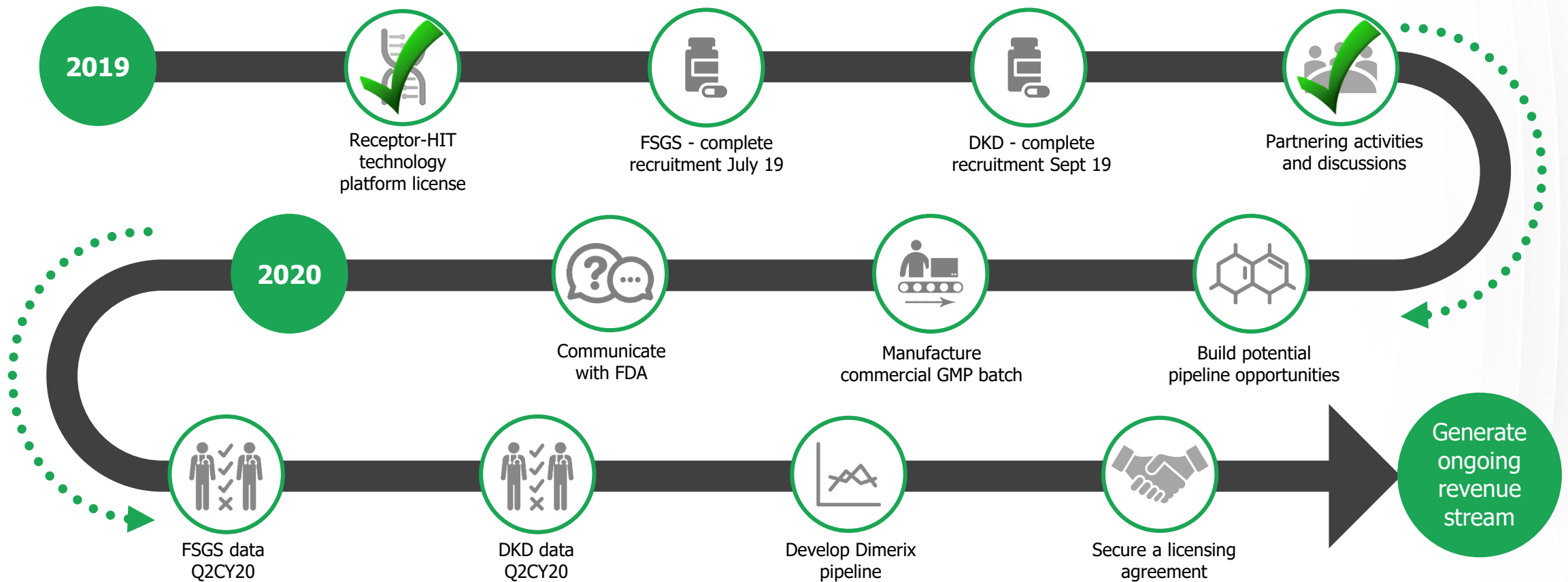
DMX-200 for Diabetic Kidney Disease value in US: large market with low competition



DMX-200 for FSGS value in US: orphan drug status with low competition



Value driving events



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End of Presentation



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