

DIMERIX TO PRESENT AT EUROZ HARTLEYS INSTITUTIONAL CONFERENCE 2026

MELBOURNE, Australia, 16 March 2026: Dimerix Limited (ASX: DXB), a biopharmaceutical company with a Phase 3 clinical asset in kidney disease, is pleased to advise that CEO and Managing Director, Dr Nina Webster, will be presenting at the Euroz Hartleys Institutional Conference on Rottnest Island from 17-19 March 2026.

A copy of the presentation is attached.

Dr Webster will present an update on the following:

- Phase 3 global clinical trial in FSGS kidney disease
- Next steps, including the planned blinded statistical powering review
- Commercial partnering status
- Company growth strategy

Further information about the study can be found on ClinicalTrials.gov (Study Identifier: NCT05183646) or Australian New Zealand Clinical Trials Registry (ANZCTR) (Study Identifier ACTRN12622000066785).

For further information, please visit our website at www.dimerix.com or contact:

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Dimerix Limited

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IR Department

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Authorised for lodgement by the Board of Dimerix

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About Dimerix Limited

DMX-200 is a chemokine receptor (CCR2) antagonist administered to patients already receiving an angiotensin II type I receptor (AT1R) blocker, the standard of care treatment for hypertension and kidney disease. DMX-200 is protected by granted patents in various territories until 2032, with patent applications submitted globally that may extend patent protection to 2045, in addition to Orphan Drug Designation granted in the United States, Europe, UK and Japan¹. For more information, please visit the company's website at www.dimerix.com and follow on [X](#) and [LinkedIn](#).

About FSGS

FSGS is a rare, serious kidney disorder characterised by progressive scarring (sclerosis) in parts of the glomeruli—the kidney's filtering units. This scarring leads to proteinuria, progressive loss of kidney function, and often end-stage renal disease. FSGS is increasingly understood to have an inflammatory component, with monocyte and macrophage activation contributing to glomerular injury. In the United States, more than 40,000 people are estimated to be living with FSGS, including both adults and children.² There are no therapies specifically approved for FSGS in the U.S., and disease management relies on non-specific immunosuppressive and supportive therapies. In patients with progressive or treatment-resistant FSGS, the average time from diagnosis to end-stage kidney disease can be as short as five years. Even among those who undergo kidney transplantation, disease recurrence occurs in up to 60% of cases,³ underscoring the urgent need for new, disease-modifying treatments.

About FSGS Phase 3 Study

FSGS CLINICAL STUDY

The ACTION3 Phase 3 study is a pivotal Phase 3, multi-centre, randomised, double-blind, placebo-controlled study of the efficacy and safety of DMX-200 in patients with FSGS who are receiving a stable dose of a blood pressure medication known as an angiotensin II receptor blocker (ARB). Once the ARB dose is stable, patients are then randomised to receive either DMX-200 (120 mg capsule, twice daily) or placebo for a 2-year treatment period.

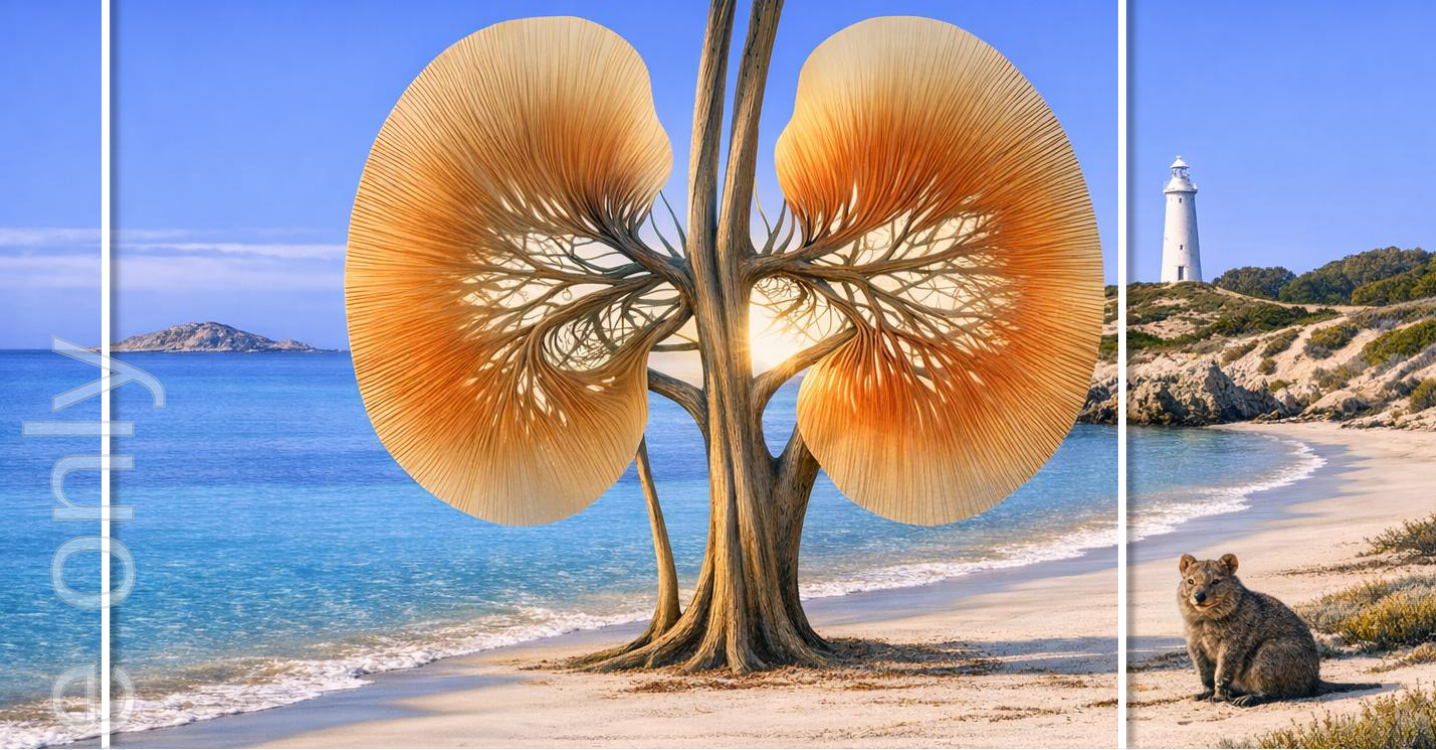
The single Phase 3 trial in FSGS patients is designed to capture evidence of proteinuria reduction and kidney function (eGFR slope) during the trial, aimed at generating sufficient evidence to support marketing approval.

Dimerix Forward Looking Statement

This release includes forward-looking statements that are subject to risks and uncertainties. Although management believes that the expectations reflected in the forward-looking statements are reasonable at this time, Dimerix can give no assurance that these expectations will prove to be correct. Readers are cautioned not to place undue reliance on forward-looking statements. Actual results could differ materially from those anticipated. Reasons may include risks associated with drug development and manufacture, risks inherent in the regulatory processes, delays in clinical trials, results of clinical trials, contractual risks, risks associated with patent protection, future capital needs or other general risks or factors, including but not limited to those factors outlined in the most recent Dimerix Limited Annual Report.

References

- 1 ASX releases: 14 December 2015, 21 November 2018, 07 June 2021, 30 September 2025
- 2 Nephcure FSGS Facts (<https://nephcure.org/>)
- 3 *Front. Immunol.*, (July 2019) | <https://doi.org/10.3389/fimmu.2019.01669>



Dimerix

(ASX:DXB)

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

Euroz Hartleys Institutional Conference

Rottnest Island – 17-19 March 2026

Forward looking statements

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Overview

Phase 3 Global Opportunity

Phase 3 trial recruitment complete in trial of DMX-200 in focal segmental glomerulosclerosis (FSGS)

Reduced risk
Proteinuria endpoint **passed blinded interim** (futility) assessment (March 2024)¹

FSGS indication is a **rare disease** that causes scarring of the kidney, leading to irreversible damage²

No approved treatments specifically for FSGS: damage can lead to **dialysis, transplant or death**²

Orphan drug designations regulatory, marketing exclusivity and pricing **benefits** in key territories³

4 commercial partners
DMX-200 licensed in USA, Europe, Canada, Australia, NZ, Japan and GCC⁴

up to \$1.4 billion in total development and sales milestone payments **plus** royalties³



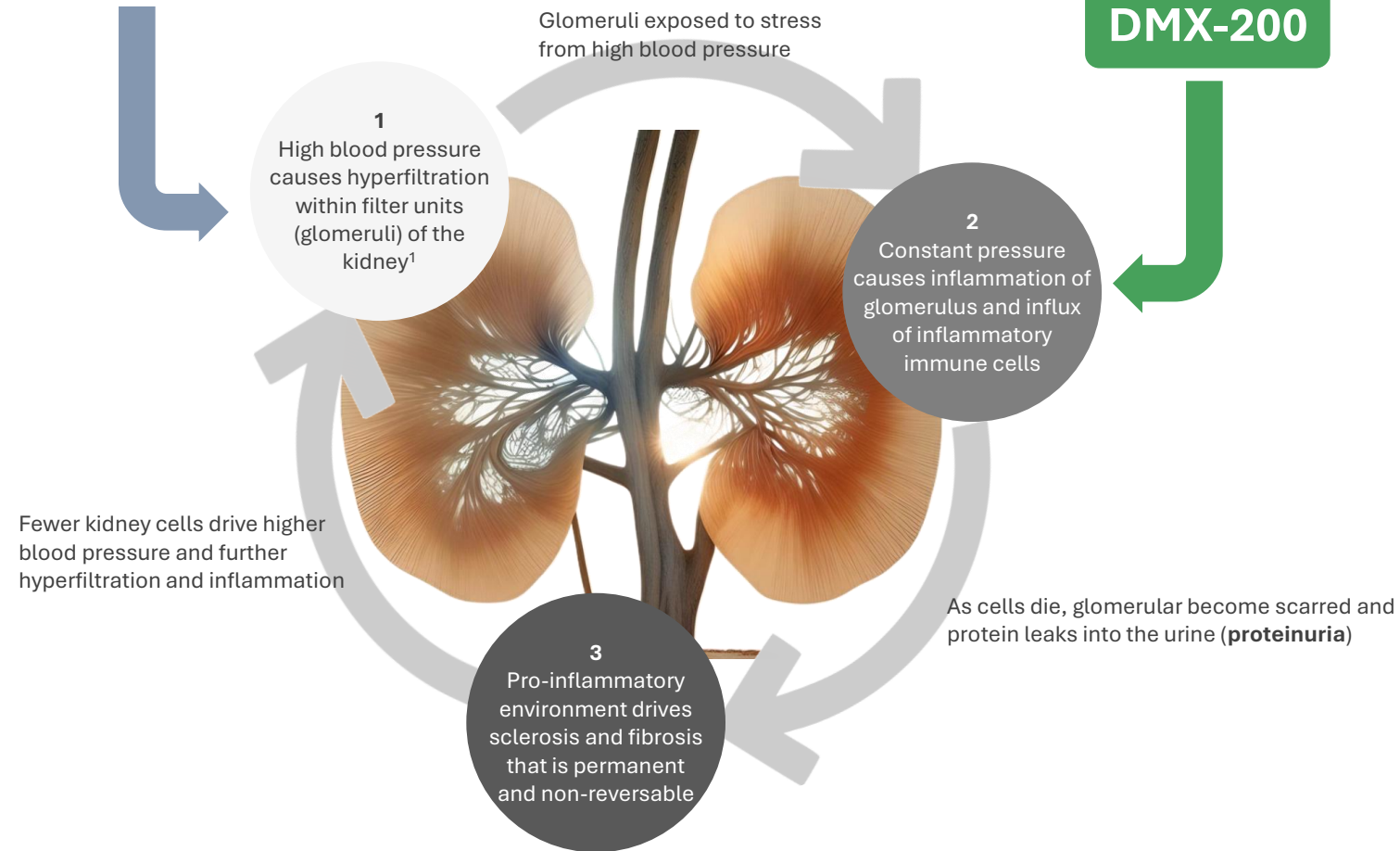
Cycle of damage :

What is FSGS?

Focal = some
Segmental = sections
Glomerulo = of the kidney filtering units
Sclerosis = are scarred

in glomerular diseases

Existing blood pressure medication

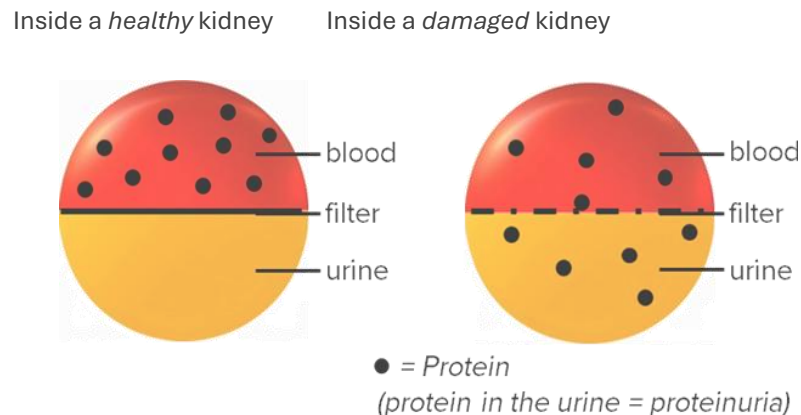


1. Lewis, E. J. et al. (2001), *New Engl J Medicine* 345, 851–860

Interpreting proteinuria as a surrogate endpoint

Proteinuria is the quantity of protein in the urine

A healthy kidney is a good filter and allows little to no protein into the urine¹



- When kidneys are damaged, protein can leak into the urine causing proteinuria
- Proteinuria represents an important early marker of kidney function²

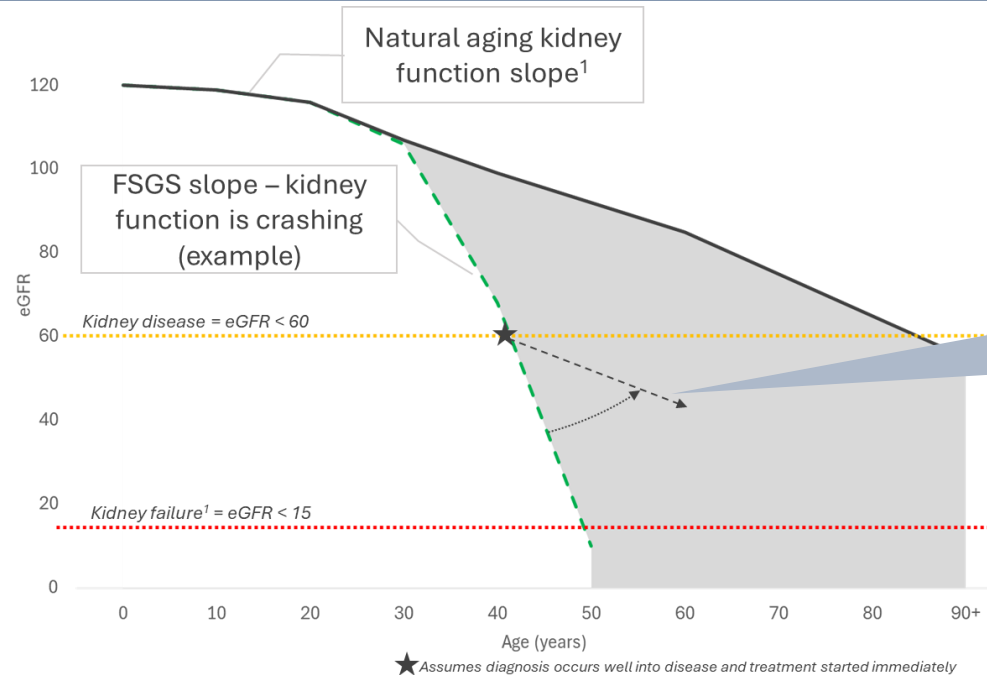
Proteinuria as a predictor of kidney disease³

Dip test	uPCR g/g	
Neg	<0.13	normal
Trace	0.13	
+	0.62	
	0.88	proteinuric
++	1.24	
+++	2.30	Minimal uPCR for ACTION3 inclusion
++++	>3.09	nephrotic

Proteinuria is typically less variable and easier to measure than eGFR⁴

Measuring eGFR as a surrogate endpoint

Estimated glomerular filtration rate (eGFR) is the measurement of the kidney filtration rate



Treatments, such as DMX-200, aim to bring the FSGS slope back up:

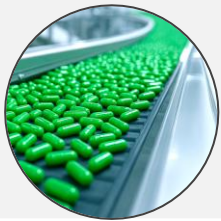
- can add years to the life of the kidney
- potential to delay dialysis and/or kidney transplant

- Kidney function is measured using the estimated rate of blood filtered by the kidney per minute (millilitres per minute)
- eGFR slope naturally declines as we age¹
- In FSGS patients, kidney function is decreasing rapidly

DMX-200 – inflammatory modulator

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

Commercial manufacturing sites established in USA³



1 x 120mg capsule BID



Well tolerated with no safety concerns to date (>400 patients dosed)³



4 clinical studies completed to date: positive safety and efficacy signals across studies³



Small molecule

Easy & convenient dosing

No safety concerns noted³

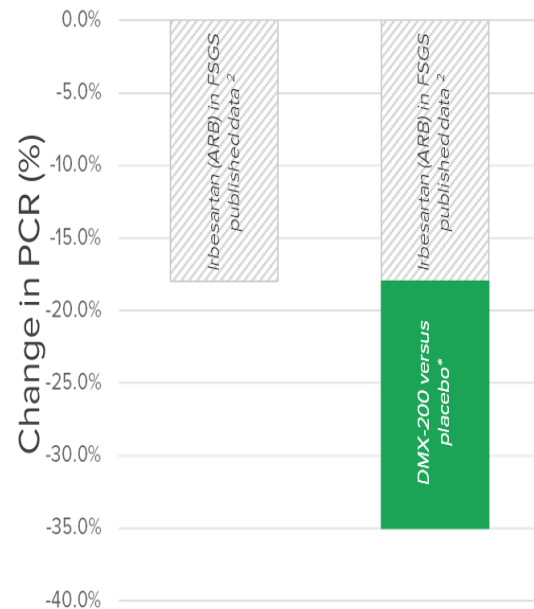
Positive efficacy signals³

DMX-200: Phase 2 met primary endpoint



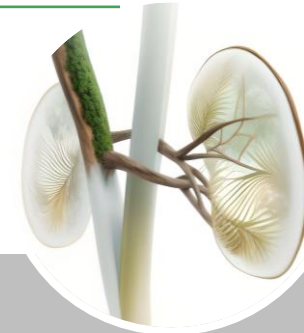
Clinically encouraging outcomes achieved for patients,^{1,2} with no safety concerns noted³

Average reduction of **17%** in proteinuria after 16 weeks treatment on DMX-200 versus placebo³



“Any reduction in proteinuria could yield years of preserved native kidney function and delay the onset of kidney failure and its attendant morbidity and mortality”

Kidney survival study – Troost et al, August 2020²



EFFICACY

- **86%** of patients demonstrated reduced proteinuria
- DMX-200 reduced inflammatory biomarker by **39%** vs placebo



SAFETY

- No safety concerns – reduced development risk



ACTION3 phase 3 clinical trial

FSGS CLINICAL STUDY

European Renal Association Posters 2025

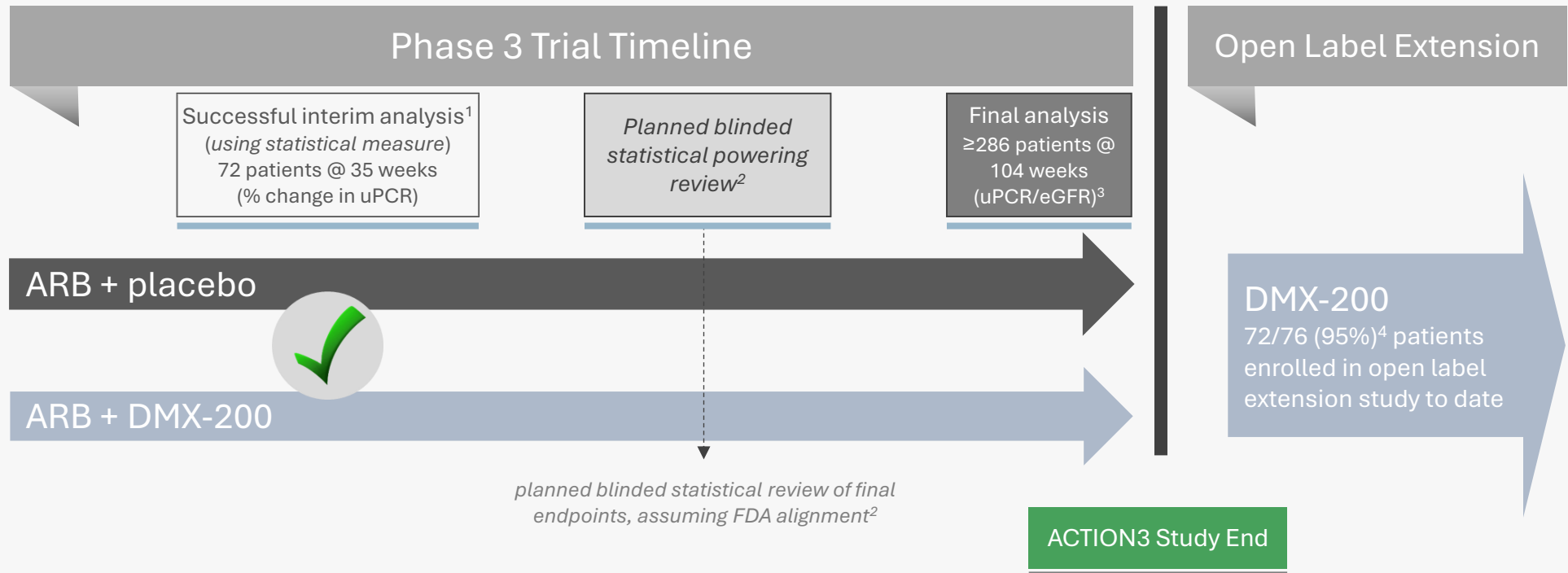


A randomised, double-blind, multi-centre, placebo-controlled study of renal outcomes of DMX-200 in patients with FSGS receiving an ARB (n $\geq$ 286)

Background

- Patients recruited, then screened and stabilised on background medications
- Patients randomised to receive drug or placebo
- DXB remains blinded at all times during study

Phase 3 Trial Timeline



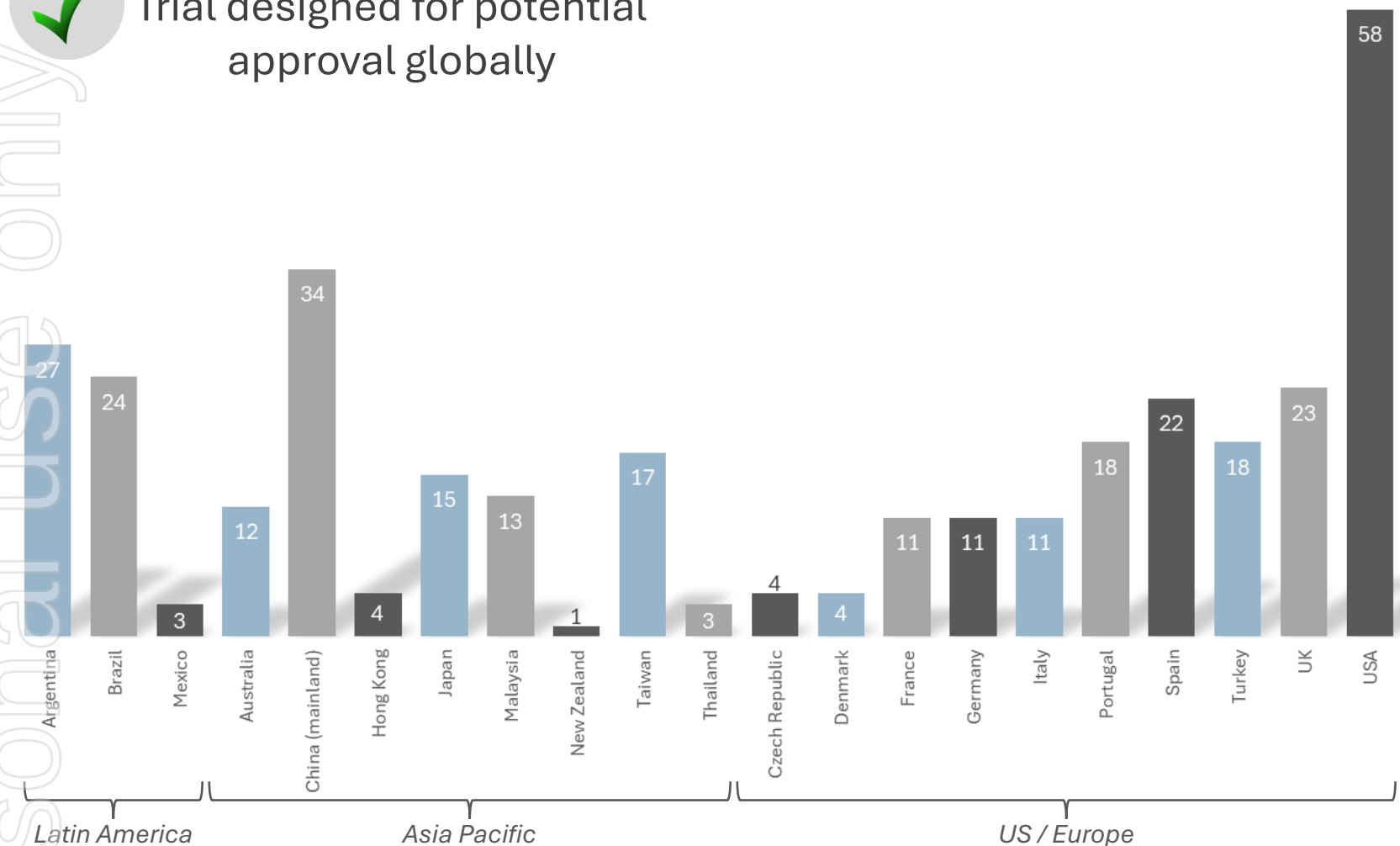
planned blinded statistical review of final endpoints, assuming FDA alignment²

1. Blinded interim Phase 3 analysis data does not guarantee a statistically significant outcome at the end of the trial, ASX release 11 March 2024; 2. The potential for accelerated (or conditional) approval submissions, following the second blinded review and any potential unblinding, will be assessed based on discussions with the appropriate regulatory authorities such as the FDA in the US and blinded statistical powering outcomes; 3. Regardless of any accelerated (conditional) approval potential, ACTION3 study will complete full 2 year analysis and regulatory submission for potential traditional (full) approval; 4. number and % of eligible patients who have completed 2 years treatment as at 13 March 2026; ARB = angiotensin receptor blocker; uPCR = urinary proteinuria; eGFR = estimated glomerular filtration rate (kidney function);

Adult patient recruitment by territory



Trial designed for potential approval globally



Recruitment completed

(adult population)¹



333

Adult patients recruited, randomised and dosed (target ≥286)²



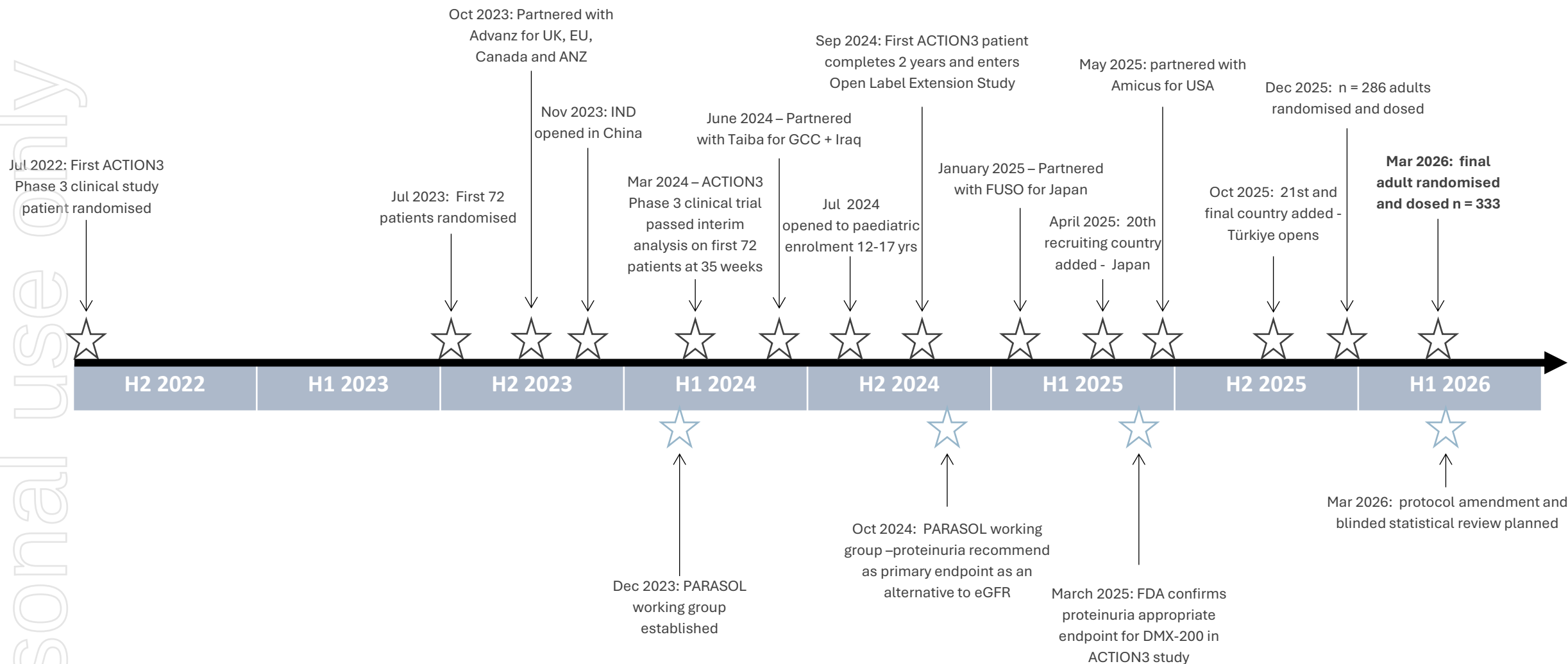
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Paediatric patients recruited, randomised and dosed²



1. ASX release 15 December 2025; 2. Final numbers of adult patients, ASX release 10 March 2026; paediatric patients will continue to recruit, and will not impact final analysis timelines

Evolution of FSGS landscape & ACTION3 study

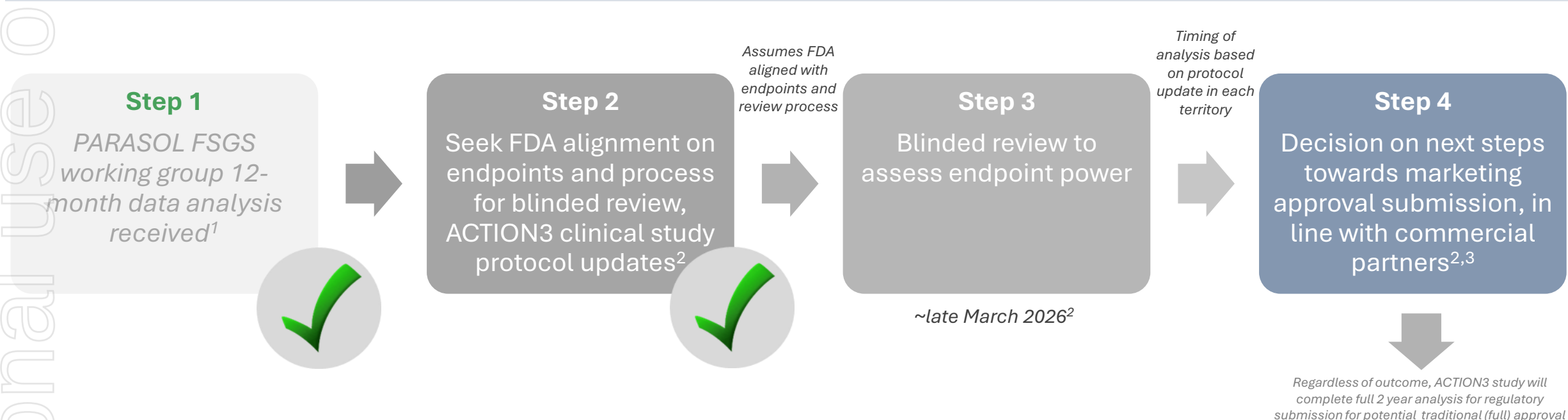


ACTION3 next steps

FSGS CLINICAL STUDY

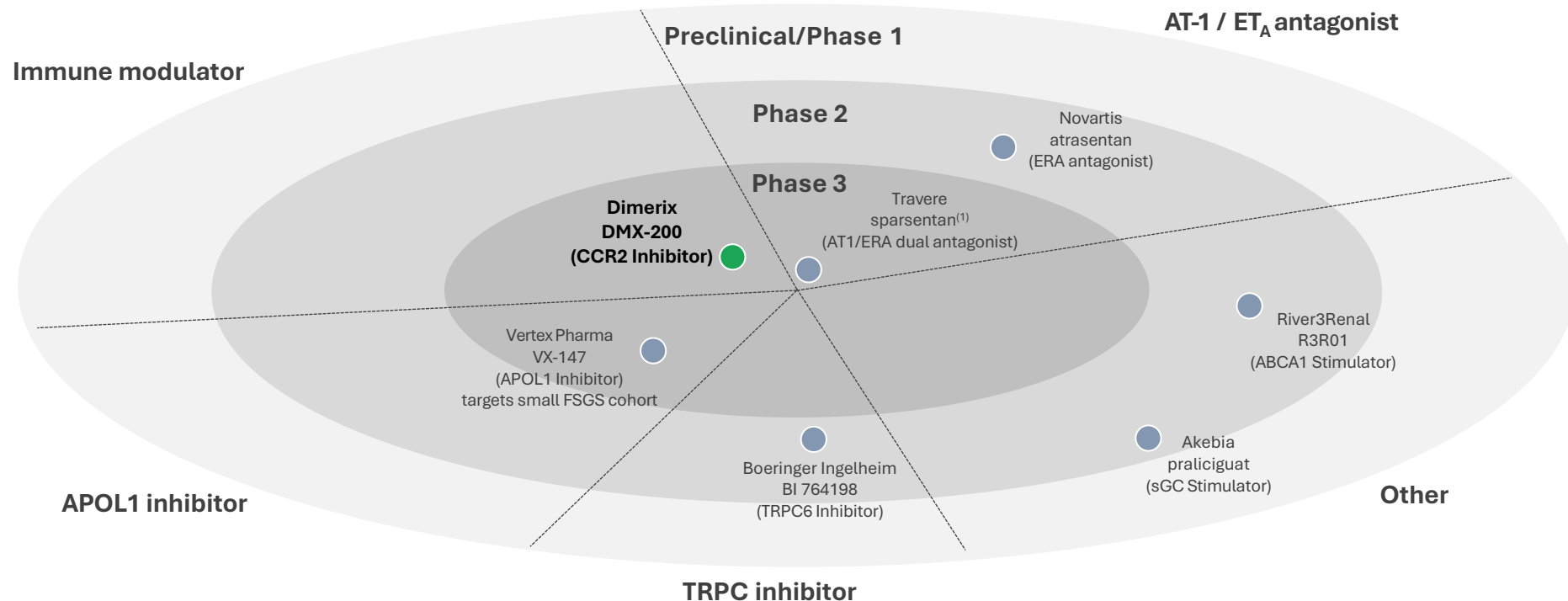
PARASOL working group conducted “ACTION3-like” population analysis of larger PARASOL observation dataset¹

- Results of this analysis are generally consistent with the broader PARASOL analysis conducted in 2024
- Potential relationship between proteinuria at 12 months and subsequent risk of kidney failure observed that may support proteinuria as a more powerful endpoint alternative to eGFR to detect a treatment benefit of new therapies, such as DMX-200



Competitive/complementary landscape in FSGS

- ✓ Low competition in inflammatory treatment options, large unmet medical need
- ✓ DMX-200 is the only inflammatory modulator in development
- ✓ DMX-200 has potential for use in conjunction with other drugs in development if approved



Rare kidney disease – a potential growth market

Biopsy

FSGS diagnosis driven by rates of biopsy - growth potential as biopsy rates increase

7 per 1,000,000

Global incidence rate of FSGS per capita, per year¹

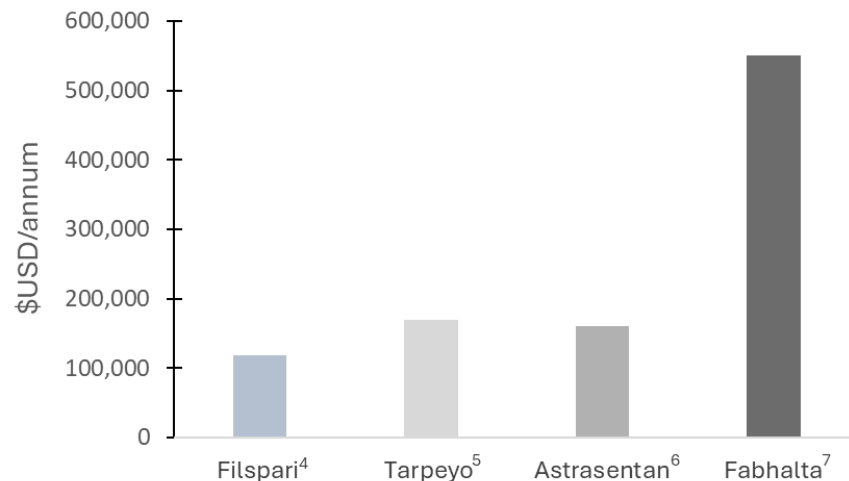
FSGS is the most frequent primary glomerular disease that reaches end-stage renal failure in the US²

DMX-200

Commercial manufacturing sites established in USA³



Example pricing: USA retail price for IgA Nephropathy products



Example price for other rare kidney disease drugs per patient:

▶ in the US (i.e. Kinpeygo/Tarpeyo in IgAN)⁸: **US\$15,123 per month**

▶ in the UK (Kinpeygo/Tarpeyo in IgAN)⁹: **US\$8,797 per month**

Other key territories, including Middle East and China, use US and/or Europe as pricing reference¹⁰

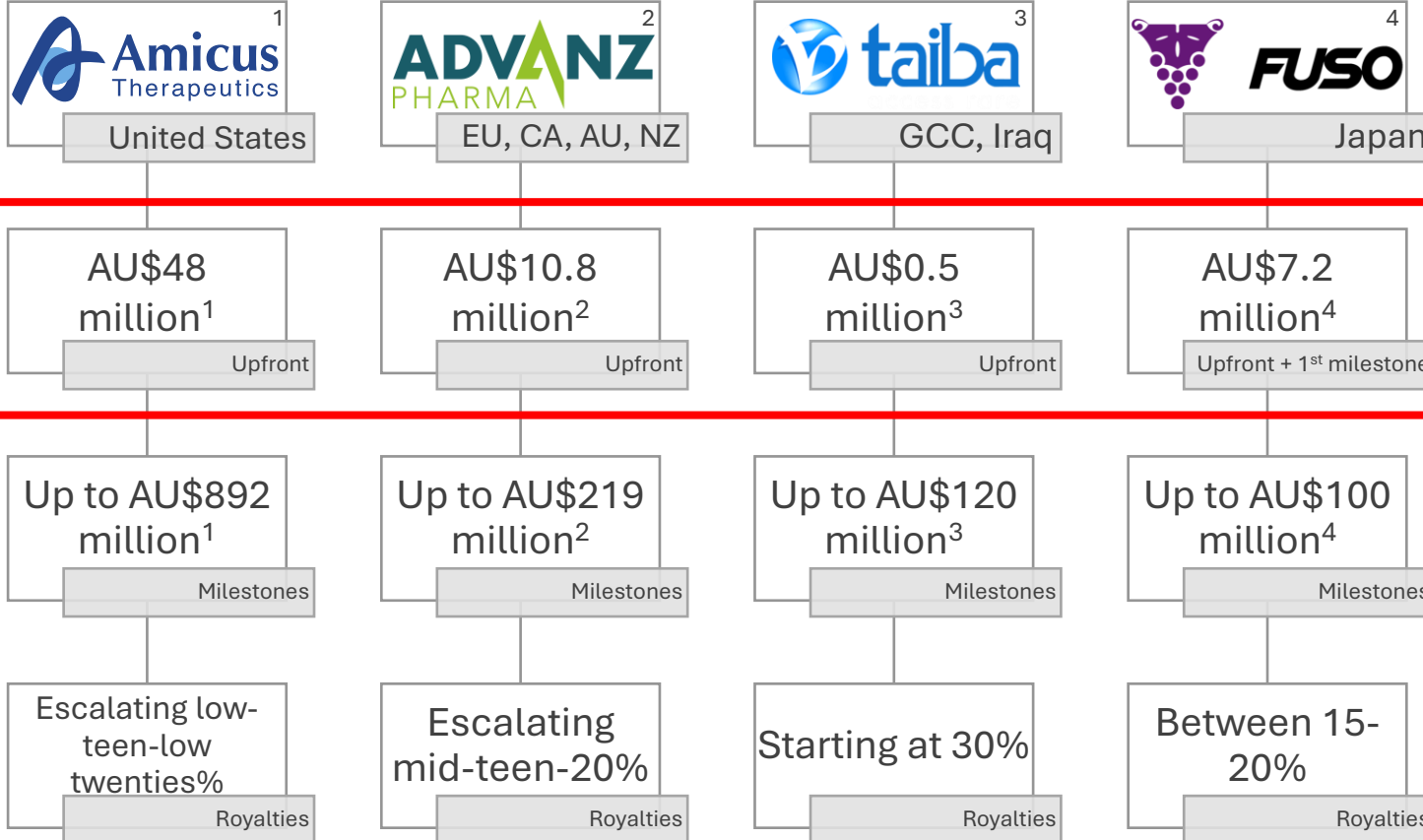


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1. Kitiyakara et al Trends in the epidemiology of focal segmental glomerulosclerosis. Semin Nephrol. 2003 Mar;23(2):172-82. doi: 10.1053/snep.2003.50025. PMID: 12704577; 2. The United States Renal Data System (USRD), 2023 Annual Report, End Stage Renal Disease; 3. ASX investor presentation 09Mar20; 4. <https://www.reuters.com/business/healthcare-pharmaceuticals/us-fda-approves-traverse-therapeutics-kidney-disorder-drug-2023-02-17/>; 5. <http://www.vanrafia.com>; 6. Ito, et al., 2025. <https://doi.org/10.1182/blood.2024025176>; 7. <https://endpts.com/fda-clears-traverse-rare-kidney-disease-drug-will-come-with-rem-s-program>; 8. Micromedex Red Book (2025) Comprehensive drug pricing and product information; 9. UK list price (2025) <https://www.nice.org.uk/guidance/TA937/chapter/2-information-about-targeted-release-budesonide>; 10. J Mark Access Health Policy. 2016 Mar 15;4:10.3402/jmahp.v4.30458. doi: 10.3402/jmahp.v4.30458

Summary of licensing deals for DMX-200 to date

Dimerix has successfully partnered DMX-200 across key markets

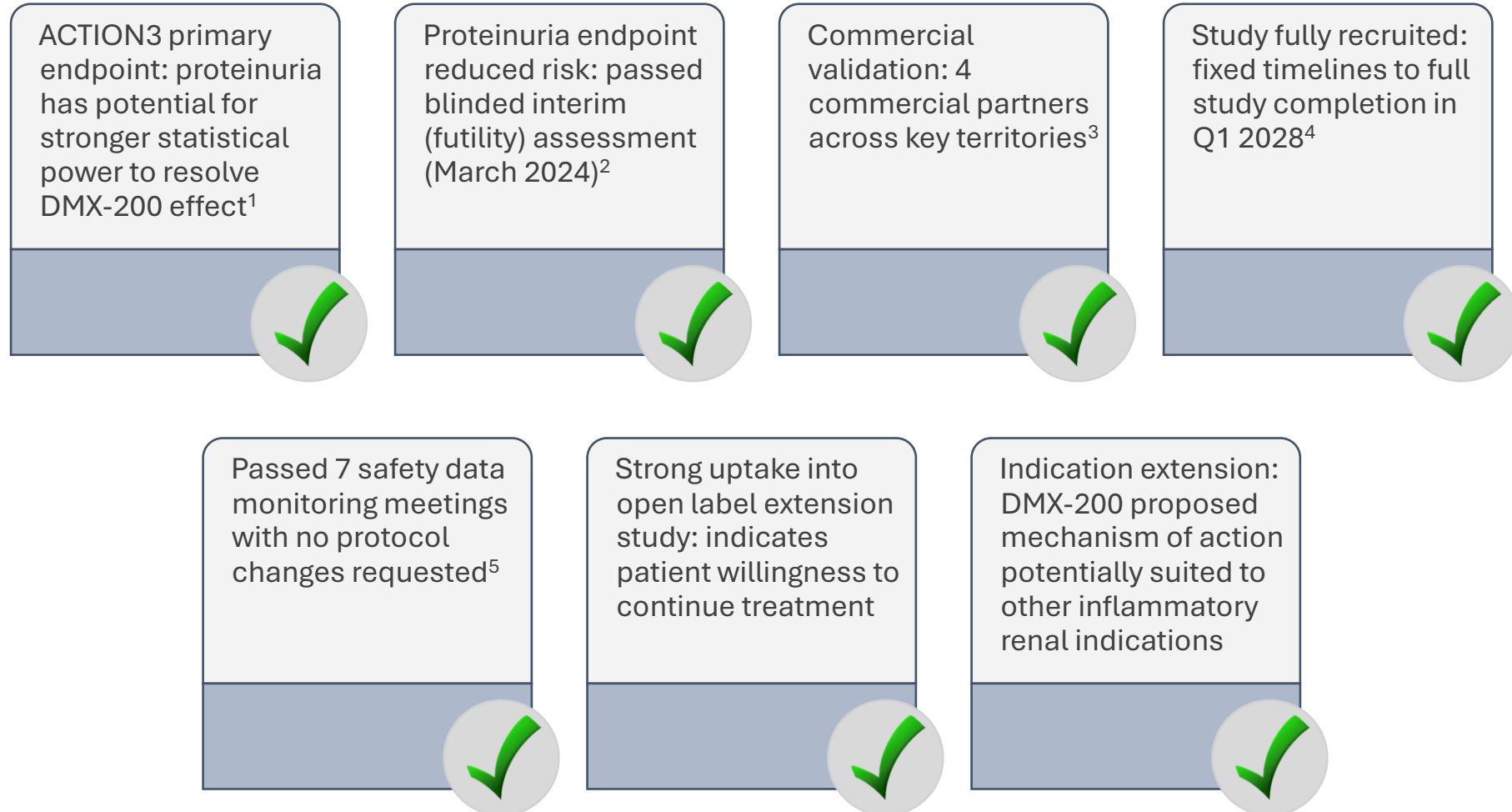


Licensing deals collectively valued up to
~AU\$1.4 billion
in total upfront and potential milestone fees plus royalties¹

Over
AU\$65 million
in total payments received

Significant potential additional global **deal value remains**, as Dimerix pursues and progresses **licensing opportunities** with potential partners outside the licensed territories

DMX-200 substantially de-risked Phase 3 renal asset



Growth strategy



Deliver ACTION3 Phase 3 clinical trial

- Ensure drug supply continuity and patient visits for recruited patients
- Complete recruitment of paediatric patients
- Maintain regulatory engagement (FDA, EMA, PMDA, NMPA + others)
- With partners, prepare for potential market approval and launch readiness



Expand global commercial partnerships

- Build on existing licensing agreements and relationships
- Secure additional partnerships to expand and accelerate market access



Advance pipeline development

- Identify and progress new assets in renal and/or rare disease indications
- Leverage DMX-200 platform for additional indications

Grow sustainable shareholder value through clinical success, global partnerships, and pipeline diversification

Corporate overview

Ticker Symbol	ASX: DXB
Cash Balance (Dec25)	\$38.5 million
Market Capitalisation ¹	\$220 million
Share price ¹	\$0.35
Total ordinary shares on issue ¹	600,396,776
Average Daily Liquidity by value for past 30 trading days ²	\$0.65 million

Research Coverage	Analyst
EUROZ HARTLEYS	Seth Lizee
PETRA CAPITAL	Tanushree Jain

SHARE PRICE



SUBSTANTIAL SHAREHOLDERS³

Position	Holder Name	Holding	% IC
1	Mr P Meurs	87,259,311	14.5%
TOTAL (TOP 5) Shareholders		149,412,198	24.9%



Dimerix

(ASX:DXB)



WELL POSITIONED TO DELIVER AGAINST STRATEGIC PLAN

ESG Statement

Dimerix is committed to integrating Environmental, Social and Governance (ESG) considerations across the development cycle of its programs, processes and decision making. The Dimerix commitment to improve its ESG performance demonstrate a strong, well-informed management attitude and a values led culture that is both alert and responsive to the challenges and opportunities of doing business responsibly and sustainably.

A biopharmaceutical company developing innovative new therapies in areas with unmet medical needs, with a core focus on inflammatory disease treatments such as kidney and respiratory diseases.

Dimerix HQ

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DMX-200: unique pharmacology

- CCR2 activation promotes recruitment of inflammatory monocytes to the kidney

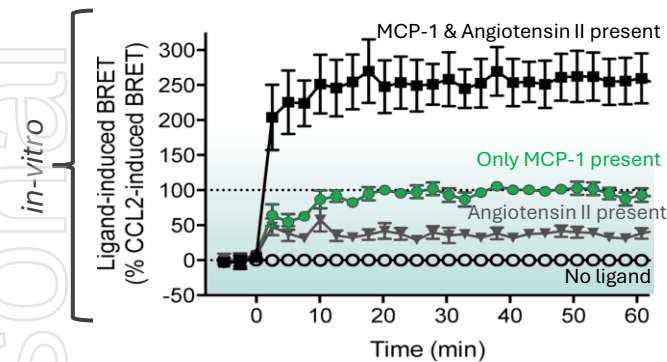
DMX-200 inhibits CCR2¹

- Monocytes promote sclerosis and fibrosis of the kidney

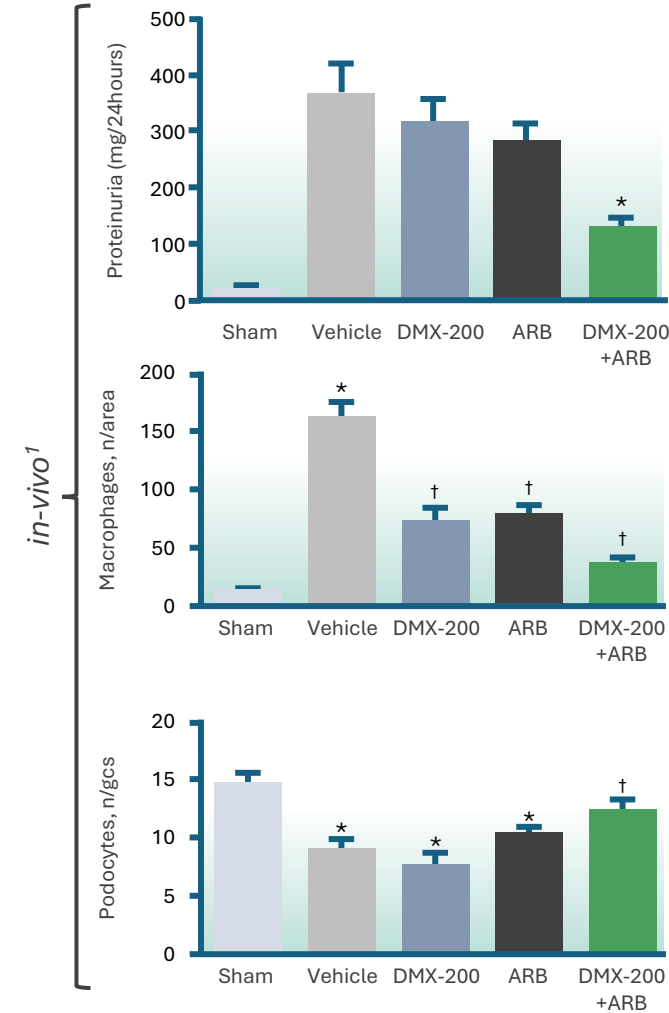
DMX-200 reduces inflammatory cells^{1,2,3}

- Podocytes are the essential filter cells of the kidney

DMX-200 preserves podocytes¹



Complex of CCR2 and AT1R increases aberrant signaling when both receptors activated¹



Simultaneous inhibition of CCR2 and AT1R reduces proteinuria an important early marker of kidney function¹

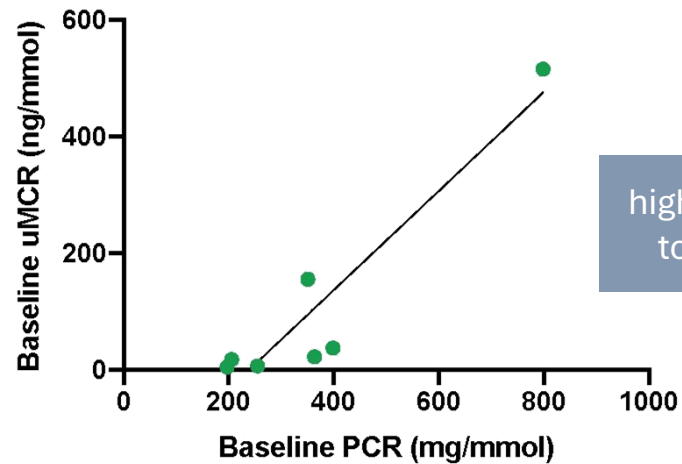
Simultaneous inhibition of CCR2 and AT1R reduces recruitment of monocytes to the kidney¹

Simultaneous inhibition of CCR2 and AT1R preserves the number of essential filter cells (podocytes) in the kidney¹

DMX-200 Phase 2 effect on inflammatory biomarker¹

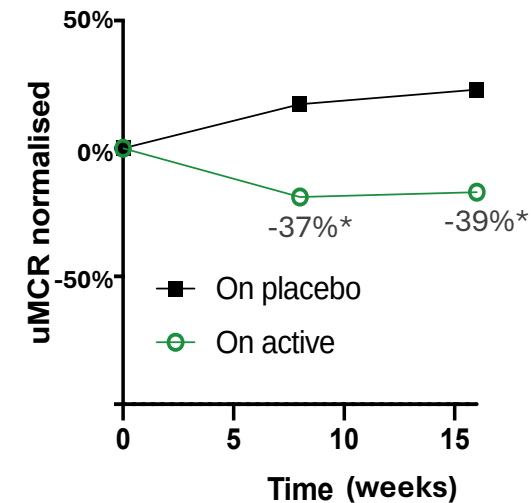
Unlike other CCR2 antagonists investigated to date, treatment with DMX-200 reduces the urine concentration of the pro-inflammatory ligand of CCR2 called MCP-1²

Average baseline MCP-1 versus average baseline proteinuria



high MCP-1 correlates to high proteinuria

Change in MCP-1 over time on DMX-200 versus placebo



MCP-1 levels reduced when on DMX-200 treatment

- **16 weeks treatment with DMX-200 vs placebo reduced inflammatory biomarker by 39%:**
 - DMX-200 blocks receptor responsible for inflammation
 - Translates to reduced inflammation and subsequent fibrosis (scarring) in the kidney²

PARASOL: proteinuria as an endpoint for full FDA approval

1

PARASOL FSGS Working Group 2024



➤ PARASOL was formed in Dec-23 to address the need to **validate alternative surrogate endpoints** for FSGS, and is a coalition of nonprofit organizations, academia, registries, trials and Sponsors to share data to support analysis⁽¹⁾

- PARASOL confirmed that eGFR slope is a valid endpoint for predicting progression of kidney disease
- It is recognised FSGS patients see higher proteinuria, even in remission, due to residual scarring of the glomeruli
- PARASOL data demonstrated the strong relationship between a reduction in proteinuria and a reduction in the progression of kidney disease in FSGS patients

- Reduction in proteinuria is now a validated endpoint for full FDA approval

2

Biological Plausibility



➤ The FDA has emphasised the need for programs wishing to use proteinuria endpoints to be able to justify the biological plausibility (scientific rationale of why or how the drug candidate is having the desired effect) of the drug on the endpoint chosen

- Dimerix has existing preclinical evidence on the preservation effect of DMX-200 on the specialist cells on the kidney – the podocytes²
- Dimerix has existing clinical and preclinical evidence of reduced recruitment of monocytes to the kidney and reduced MCP-1 levels

- PARASOL has increased the range of potential endpoints that may best show the treatment effect of DMX-200

3

ACTION3 capturing all proposed endpoint data: eGFR and proteinuria



Proteinuria

- Randomised, double blind PCR values over 24 months
- PCR captured across 4-week washout
- PCR measured over additional 24 month open-label period



eGFR slope

- Randomised, double blind eGFR values captured over 24 months, including raw values and total eGFR slope



Other endpoints

- Classical definitions of complete and partial remission
- PARASOL-informed response endpoints
- Hard-renal endpoints (where available)

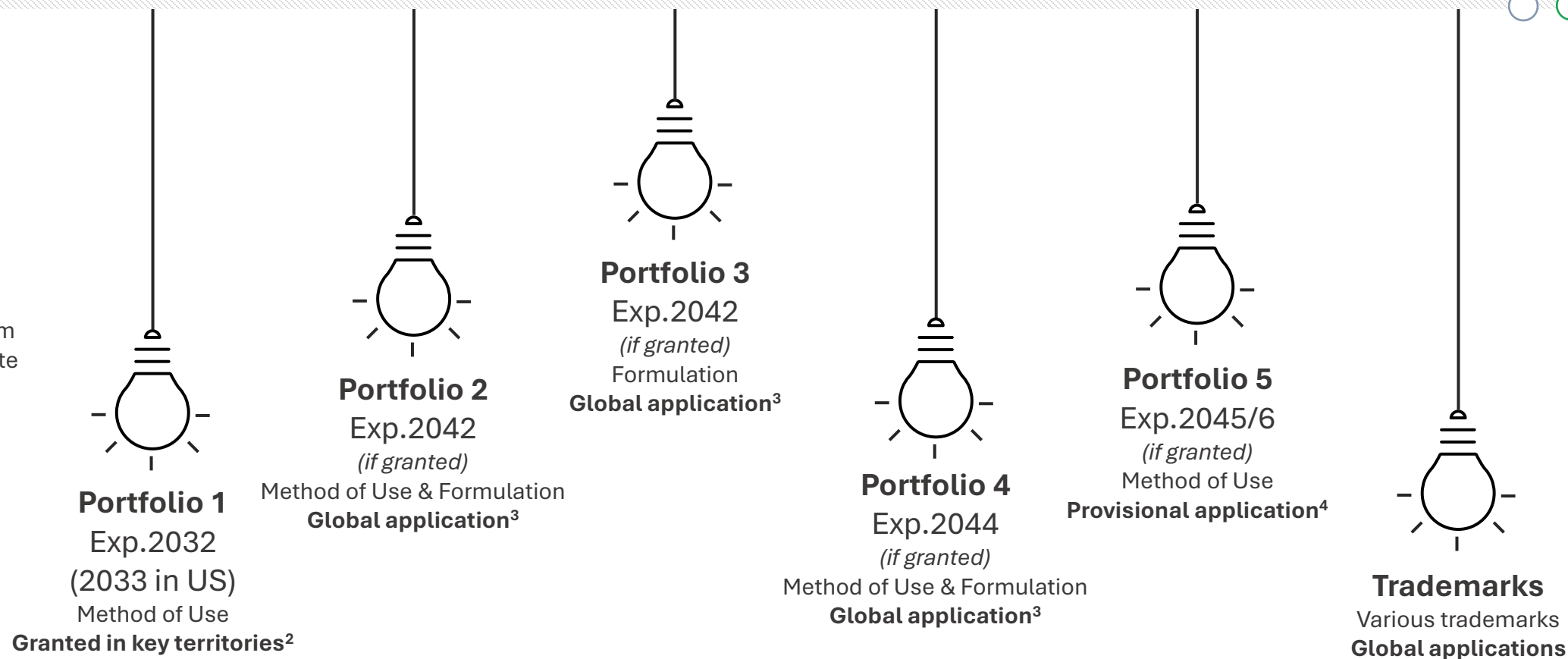


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1. Coalition made up of: NephCure, ISGD, NKF, KHI are co-sponsors of the project, FDA and EMA involvement, University of Michigan is data coordinating center, Industry invited as participants; 2. Ayoub MA, et al. (2015) PLoS One; doi.org/10:e0119803; 3. ASX presentation 27 October 2020

Intellectual property portfolio

DMX-200



Dimerix board



Mark Diamond
BSc, MBA
Non-Executive Chairman

Previous experience:



- 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

Previous experience:



- Experienced in product development, commercial strategy development & execution
- Successfully commercialized pharmaceutical products globally
 - ✓ BSc (Hons) – Pharmacology
 - ✓ PhD – Pharmaceutics
 - ✓ MBA – Business
 - ✓ M.IP.Law – Intellectual Property Law



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

Previous experience:



- Extensive biotech drug development & commercial manufacturing experience
- Responsible for successful global commercialization programs & NDA registrations
 - ✓ BSc (Hons) – Chemistry
 - ✓ MBA – Business



Sonia Poli
PhD
Non-Executive Director

Previous experience:



- 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

Previous experience:



- Experienced technology and governance professional with a focus in operations, risk management, assurance, and AI
- 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

Previous experience:



- Experienced in product development, commercial strategy development & execution
- Successfully commercialised multiple pharmaceutical products
 - ✓ BSc (Hons) – Pharmacology
 - ✓ PhD – Pharmaceuticals
 - ✓ MBA – Business
 - ✓ M.IP.Law – Intellectual Property Law



Mike Tonroe
BSc (Hons) FCA, MAICD
CFO & Company Secretary

Previous experience:



- Experienced finance and governance executive with extensive experience of both ASX and NASDAQ-listed companies.
- Brings more than 30 years' international finance leadership experience across Australia, US, Canada, the UK and Hong Kong.
 - ✓ BSc (Hons) – Business Studies
 - ✓ MAICD
 - ✓ Chartered Accountant



David Fuller
B. Pharm (Hons), MBBS
CMO

Previous experience:

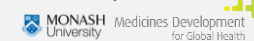


- 35 years international experience in drug development, commercialization and corporate leadership
- Planning, Financing, Pre-clinical, Clinical Development, Regulatory Approval, Product Launch, Pharmacovigilance, and Medical Affairs
 - ✓ B.Pharm (Hons) - Pharmacy
 - ✓ MBBS - Medicine and Surgery



Robert Shepherd
PhD, MBA,
COO

Previous experience:



- Experienced pharmaceutical executive in project management, clinical development and research translation
- BD and strategic alliance leader
- Led multidisciplinary R&D&C teams for 13 years
 - ✓ BSc (Hons) – Genetics
 - ✓ PhD – Molecular Immunology
 - ✓ MBA – Business & Leadership

Medical Advisory Board



**Professor
Hiddo Heerspink**
PhD

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



**Professor
Alessia Fornoni**
MD, PhD, FASN

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

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

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.



Dr Muh Geot Wong
MBBS, PhD, FRCP

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
Howard Trachtman**
MD, FASN

Graduated from Haverford College and the University of Pennsylvania School of Medicine. He has been a practicing pediatric nephrologist for 35 years. Has been the PI of NIDDK and industry sponsored clinical trials in glomerular disease and am a Co-Investigator in the NEPTUNE and CureGN observational cohort studies.



**Associate Professor
Laura Mariani**
MD, MSCE

Assistant Professor in the Division of Nephrology at the University of Michigan. Interest in observational studies in glomerular disease, including NEPTUNE and CureGN. Lead on PARASOL program to define FSGS endpoints with by applying statistical methods for clinical outcome definition and prediction of kidney disease progression.