

Neurizon Leadership Roundtable Webinar Reminder and Updated Investor Presentation

Highlights:

- Shareholders and interested investors are invited to join Neurizon's Leadership Roundtable webinar featuring Neurizon's recently appointed Chief Executive Officer, Dr Chris Bremer and members of the Company's Board and Management team
- The pre-recorded roundtable discussion will be followed by live Q&A, providing an opportunity to engage directly with management
- Neurizon releases an updated Investor Presentation providing background information on the Company's strategy, NUZ-001 and the foundations supporting its development

7 October 2026 – Melbourne Australia: Neurizon® Therapeutics Limited (ASX: NUZ; OTCQB: NUZTF) ("Neurizon" or "the Company"), a late clinical-stage biotechnology company dedicated to advancing innovative treatments for neurodegenerative diseases, is pleased to release its updated Investor Presentation and remind shareholders and interested investors of its upcoming Leadership Roundtable webinar.

Updated Investor Presentation

The updated presentation provides an overview of Neurizon's strategy as the Company advances its lead investigational asset, NUZ-001, through late-stage clinical development. It highlights the 250-participant Phase 2/3 HEALEY ALS Platform Trial, with topline results expected in late Q2 CY2027, the clinical and scientific evidence generated to date, the NIH-funded Expanded Access Program, and the Company's manufacturing, regulatory and commercial preparations ahead of the HEALEY readout.

The Investor Presentation has been released as background information for shareholders and investors ahead of the roundtable. It is separate from the webinar and no slides will be presented during the event.

Neurizon Leadership Roundtable Webinar – The Road Ahead

The webinar will be held on Thursday, 8 October 2026 at 4:00pm AEDT and will feature a roundtable discussion with Neurizon's Chief Executive Officer (CEO) Dr Chris Bremer, Non-Executive Chairman Sergio Duchini and Chief Finance Officer Dan O'Connell. The discussion will explore the Company's recent progress, the advancement of NUZ-001 and Neurizon's priorities for its next phase.

The pre-recorded roundtable will be followed by a live Q&A, providing the opportunity to hear directly from the leadership team. Participants are encouraged to submit questions in advance via registration form or by emailing enquiries@neurizon.com.

- Date: Thursday, 8 October 2026
- Time: 4.00pm AEDT
- Register: <https://bit.ly/neurizonroundtable>

A recording of the roundtable discussion will be made available following the event.

-ENDS-

This announcement has been authorised for release by Dr Chris Bremer, Chief Executive Officer of Neurizon Therapeutics Limited.

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About Neurizon Therapeutics Limited

Neurizon Therapeutics Limited (ASX: NUZ) is a late clinical-stage biotechnology company dedicated to advancing treatments for neurodegenerative diseases. Neurizon is developing its lead drug candidate, NUZ-001, for the treatment of ALS, which is the most common form of motor neurone disease. Neurizon's strategy is to accelerate access to effective ALS treatments for patients while exploring the potential of NUZ-001 for broader neurodegenerative applications. Through international collaborations and rigorous clinical program, Neurizon is dedicated to creating new horizons for patients and families impacted by complex neural disorders. NUZ-001 is an investigational product and is not approved for commercial use in any jurisdiction.

Neurizon Investor Hub

We encourage you to utilise our Investor Hub for any enquiries regarding this announcement or other aspects concerning Neurizon. This platform offers an opportunity to submit questions, share comments, and view video summaries of key announcements.

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Advancing NUZ-001 in ALS towards a key clinical readout

Investor Presentation - October 2026

ABN 35 094 006 023



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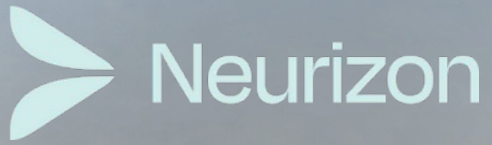
Future Matters

This presentation contains reference to certain intentions, expectations, future plans, strategy and prospects of the Company. Those intentions, expectations, future plans, strategy and prospects may or may not be achieved. They are based on certain assumptions, which may not be met or on which views may differ and may be affected by known and unknown risks. The performance and operations of the Company may be influenced by a number of factors, many of which are outside the control of the Company. No representation or warranty, express or implied, is made by the Company, or any of its directors, officers, employees, advisers or agents that any intentions, expectations or plans will be achieved either totally or partially or that any particular rate of return will be achieved.

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Our Vision

To lead the development of treatments towards a promising new horizon for people living with neurodegenerative diseases.

Neurizon: A late clinical-stage biotech developing therapies for neurodegenerative diseases

Lead ALS/MND program in Phase 2/3, with topline results expected in late Q2 CY2027

WHO WE ARE

Neurizon is developing therapies for neurodegenerative diseases, with its lead investigational therapy, NUZ-001, currently being evaluated in ALS/MND.

NUZ-001 is an oral small molecule with preclinical evidence demonstrating effects on cellular protein clearance pathways associated with neurodegeneration.

ASX: NUZ · OTCQB: NUZTF

LEAD ASSET: NUZ-001

Investigational oral small molecule being developed initially in ALS/MND and currently evaluated in the Phase 2/3 HEALEY ALS Platform Trial.

NUZ-001 IN ALS/MND AT A GLANCE

ORAL

Once-daily administration

PHASE 2/3

HEALEY ALS Platform Trial

250

Regimen I participants, randomised 3:1

LATE Q2 2027

Expected topline

BUILT AROUND THE CLINICAL OPPORTUNITY



Why look now

A randomised Phase 2/3 readout in late Q2 2027 is the next value inflection

Late Q2 2027

Expected topline from the 250-participant Phase 2/3 ALS trial.

Enrolled Under 5 Months

A record for the HEALEY ALS Platform Trial.

NIH-Funded EAP

for NUZ-001 for 200 participants up to 96 weeks.

1

Clinical advancement

A 250-participant randomised Phase 2/3 enrolled in less than 5 months – record enrolment for the HEALEY ALS Platform Trial.

NIH-funded EAP for NUZ-001

2

Supply chain readiness for scale

Long-term supply agreement with Elanco for GMP API supply and registration-scale manufacturing.

3

Evidence-led development

Promising Phase 1 signals, with an exploratory biomarker panel (including NfL and TDP-43) built into ongoing Phase 2/3 trial. HEALEY provides established clinical infrastructure across 78 US sites led by Mass General Brigham.

4

Strategic and commercial optionality

An upcoming, randomised Phase 2/3 dataset that will inform Neurizon's regulatory, partnering and commercial strategy. Total addressable market (TAM) opportunity of ~US\$5bn¹

Leadership for the next stage

Dr Chris Bremer commencing as Chief Executive Officer on 1 October 2026

CHIEF EXECUTIVE OFFICER

Dr Chris Bremer

Effective 1 October 2026. Leads Neurizon through the HEALEY readout and the decisions that follow.

EXPERIENCE TO LEAD THE NEXT PHASE

20+ years of global biopharmaceutical leadership

SCIENCE



Drug development

STRATEGY



Portfolio & commercialisation

TRANSACTIONS



Licensing & Partnerships

MD | PhD | MBA | INSEAD



CLINICAL DEVELOPMENT

John Clark · Amanda Seiz
· Dr Chris Freitag

SCIENCE AND REGULATORY

Dr Martin Engel · Linda McBride

FINANCE AND CORPORATE

Dan O'Connell · Sergio Duchini

EXPERIENCED BOARD

Dr Ross Murdoch, Dr Katie MacFarlane, Marcus Hughes, Dr Steve Nanchen (Elanco, Observer)

DRAWING ON DEEP SECTOR EXPERIENCE:



NUZ-001: from scientific origin to clinical execution

From an established veterinary molecule to a randomised Phase 2/3 in ALS

2005 - 2023

1

Translation to human disease and Neurizon formation

- Monepantel: proven veterinary drug with deep safety data
- Moved from veterinary use into neurodegeneration
- Neurizon formed as a focused neurodegeneration company

2024 - 2025

2

Clinical validation and HEALEY selection

- NUZ-001 Phase 1 showed encouraging signals across exploratory clinical measures in people with ALS
- Treatment appeared safe and generally well tolerated.
- Results drove inclusion in the HEALEY ALS Platform Trial

NOW TO LATE Q2 2027

3

Clinical execution

- Phase 2/3 HEALEY trial in active execution
- 78 US sites, led by Mass General Brigham
- Topline results expected late Q2 2027



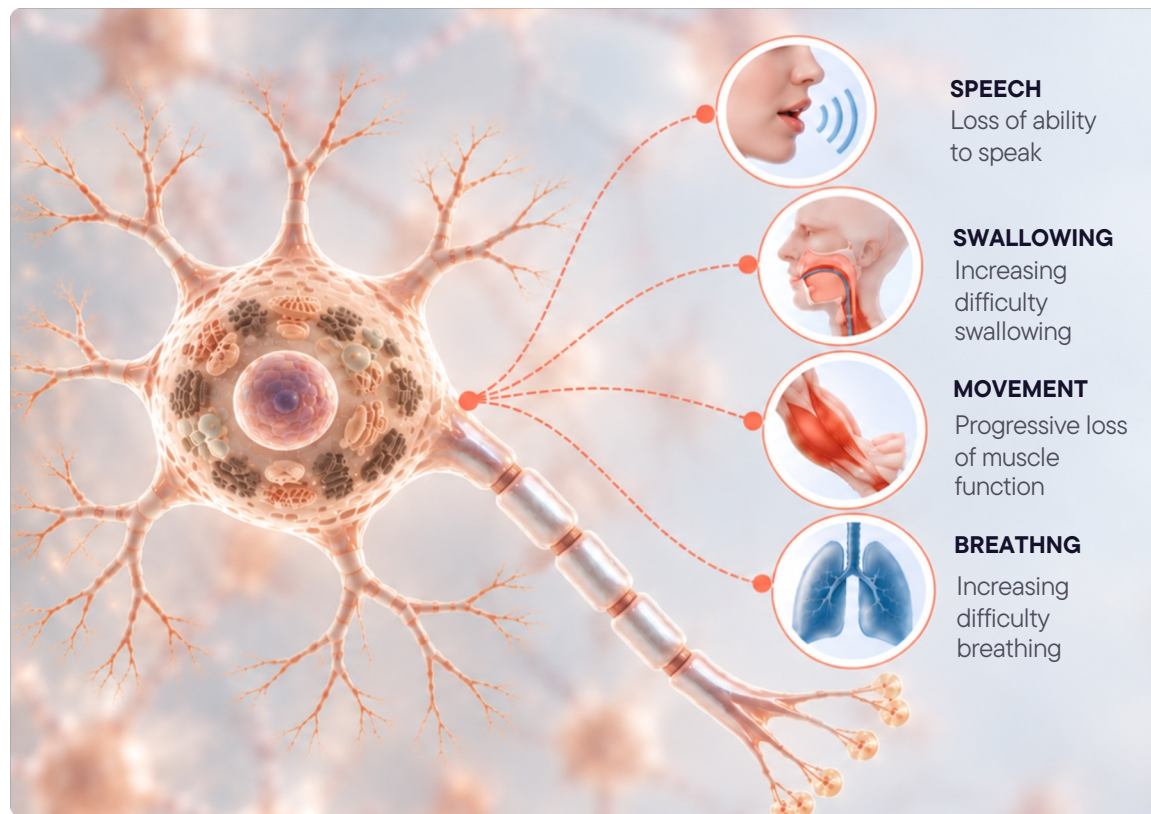
NUZ-001 is a well-characterised molecule, with novel neurodegenerative biology, now advancing through a Phase 2/3 ALS clinical programme

About ALS



ALS is a rapidly progressive neurodegenerative disease with significant unmet need

ALS contributes to progressive degeneration of motor neurons, leading to increasing loss of voluntary muscle function



ALS AT A GLANCE

2-5 YEARS

Typical life expectancy following diagnosis*

~90%

of ALS cases are without family history

NO CURE

Significant unmet medical need remains

~35,000

people living with ALS in the US¹

No approved therapy has substantially altered the course of ALS progression for the broad patient population.

A therapy that slows ALS meaningfully, in a broad population, with oral dosing, would address a substantial need in the ALS/MND market.

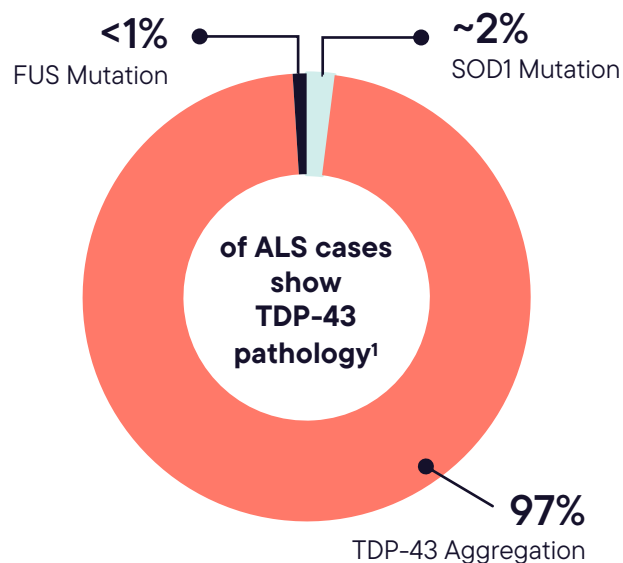
*Disease course varies considerably between individuals. Sources for final deck: ALS Association / peer-reviewed literature; verify wording and citations before publication.

¹. US prevalence estimate as used in company materials.

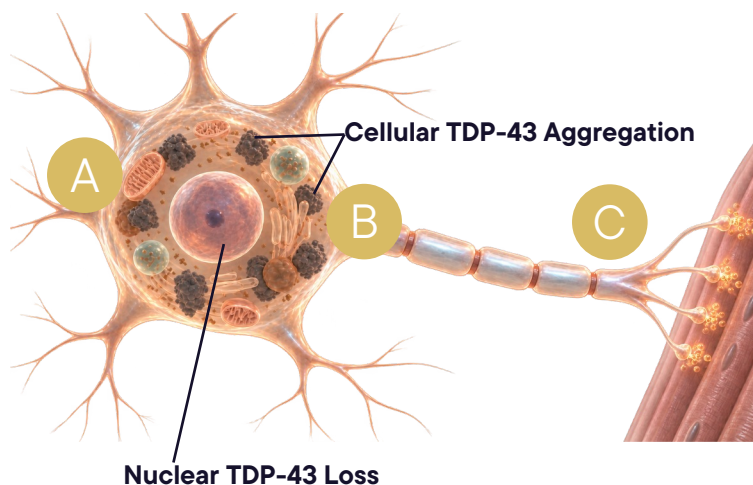
TDP-43 dysfunction & aggregation links ALS pathology to motor neuron failure

In most ALS/MND, nuclear TDP-43 is lost and accumulates in the cytoplasm, disrupting RNA processing, axonal maintenance and communication with muscles

1 A SHARED PATHOLOGY



2 TDP-43 IS LOST FROM THE NUCLEUS AND BUILDS UP IN THE CELL



The neuron loses normal function while harmful protein burden increases.

3 THE MOTOR NEURON-MUSCLE CONNECTION BREAKS DOWN

- A** Cytoplasmic aggregates stress cellular machinery ➔ *starve motor neurons*
- B** Cytoplasmic toxic aggregates trap essential proteins ➔ *impair axon transport*
- C** Impaired axon maintenance and synaptic vesicle release ➔ *unreliable muscle control*

NUZ-001 shown in preclinical studies to enhance cellular *protein clearance mechanisms* to support motor neuron proteostasis

FUS = Fused in Sarcoma; SOD1 = Superoxide Dismutase 1; TDP-43 = Transactive response DNA-binding protein 43

1. Ling SC, Polymenidou M, Cleveland DW. Converging mechanisms in ALS and FTD: disrupted RNA and protein homeostasis. *Neuron*. 2013 Aug 7;79(3):416-38. doi: 10.1016/j.neuron.2013.07.033.

ALS: high unmet need with significant value potential

Three decades of approvals have delivered limited clinical benefit

Current US ALS treatment landscape



1995

RILUZOLE¹

Broad ALS population | Oral

~3 months

median survival extension across randomized controlled trials

Protects neurons from overactivation-induced death



2017 IV
2022 ORAL

RADICAVA® / RADICAVA ORS²

Broad ALS population | IV & oral

~6 months

median survival extension across randomized controlled trials

Reduces neuron degeneration as antioxidant in the nervous system



2023

QALSODY³

SOD1-ALS only | Intrathecal

~3 years

median survival extension in pivotal VALOR trial

Binds to mRNA of SOD1 to prevent toxic protein cluster formation in neurons

Key ALS Value Reference Point: Shionogi – RADICAVA (2026)

US\$2.5B⁴

Upfront for global rights paid by Shionogi to Tanabe Pharma

~US\$700M

Expected annual global sales

- Commercial, revenue-generating ALS franchise
- Oral product US patent until 2039
- Rare disease commercial platform foundation

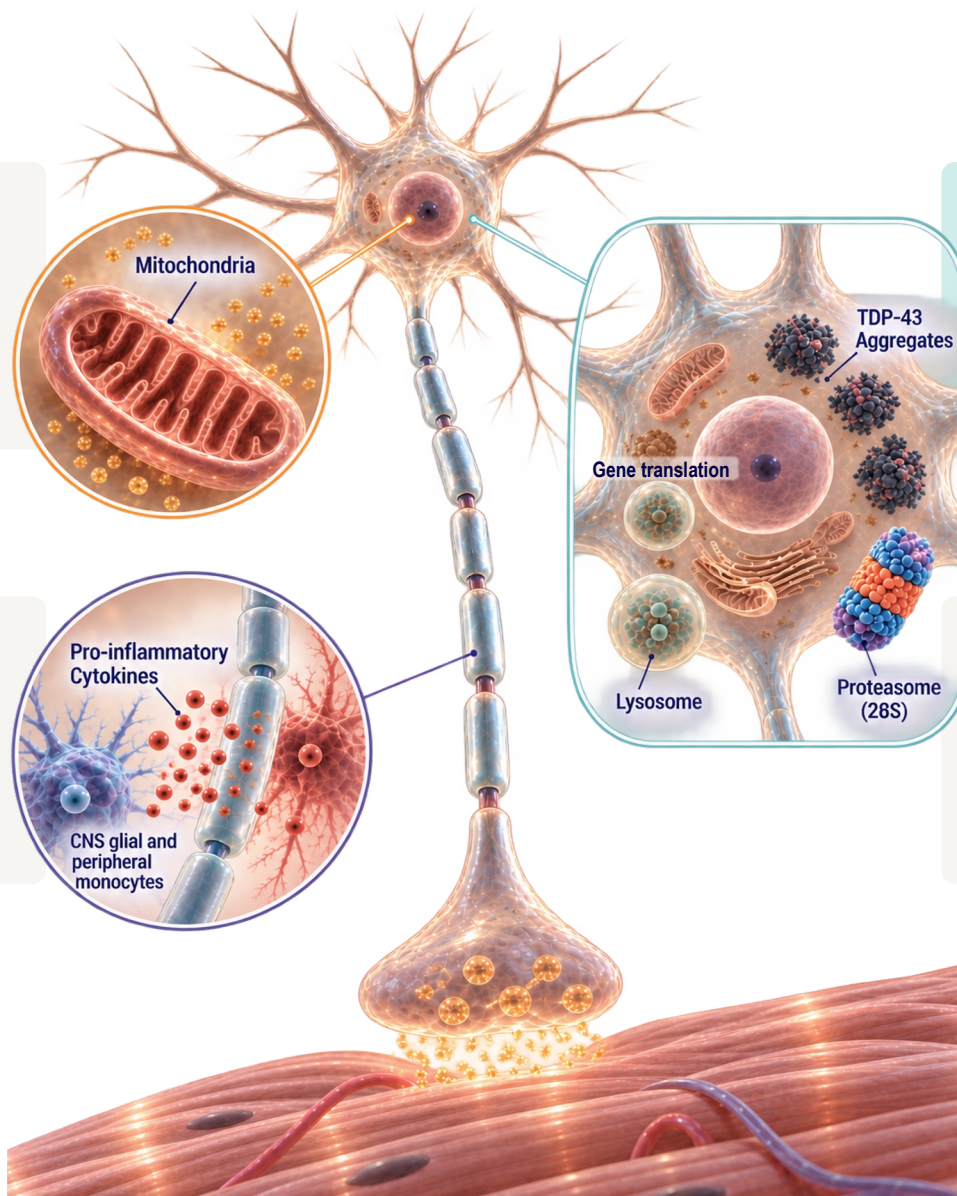
1. Hinchcliffe et al. 2017, Degenerative Neurological and Neuromuscular Disease 7 (May): 61–70.
2. Takahashi et al. 2025, Muscle & Nerve 72 (4): 586–96.
3. Miller et al. 2026 JAMA Neurology 83 (2): 115–25.
4. Shionogi press release, 22 December 2025; transaction completion announced April 2026

Science Behind NUZ-001

Therapeutic Approaches Addressing ALS Biology

Oxidative Stress

Neutralise toxic free radicals and protect vital cellular components.



Protein Homeostasis

Addressing cellular quality-control systems involved in clearing toxic protein aggregates.

Neuroinflammation & Immune Regulation

Dampening toxic glial activation and immune-driven neuron injury.

Gene-Targeting & RNA Modulation

Silencing or correcting disease-causing gene transcripts at the RNA level.

Pre-clinical Evidence Supporting NUZ-001 Potential in ALS/MND

NUZ-001 Enhances Protein Clearance Pathways to Remove Toxic Protein Aggregates

**Consistent effects
observed across models:**



*MND-patient
motor neurons*



*Human
neurospheres*



Zebrafish

+ NUZ-001

Enhances protein clearance
mechanisms (autophagy &
proteosomal system)

Preserves STMN2
expression to support
neuronal health

Restores NfL axonal health
and synaptic signalling

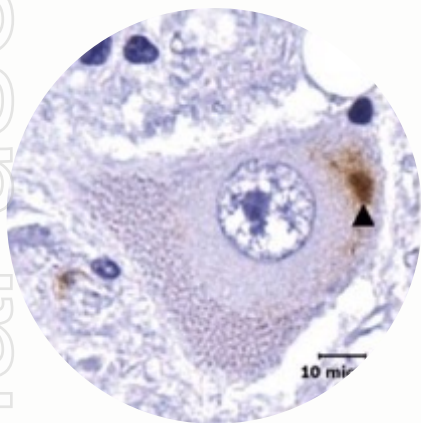
Prevents cellular
TDP-43 aggregation

NUZ-001 Expansion potential : Platform Optionality for Proteinopathy-Driven Diseases

Strong mechanistic rationale for potential efficacy across a wide array of neurodegenerative diseases. Impaired proteostasis contributes to the formation of intracellular inclusion bodies of misfolded proteins, a hallmark of neurodegenerative diseases.

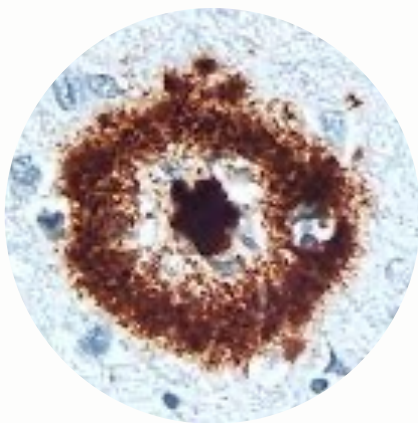
TDP-43

ALS/AD/PD/FTD/CTE



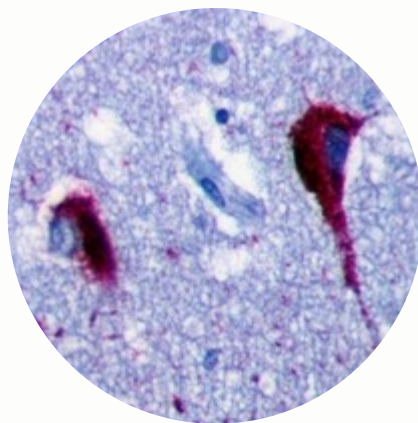
Amyloid beta

AD/PD



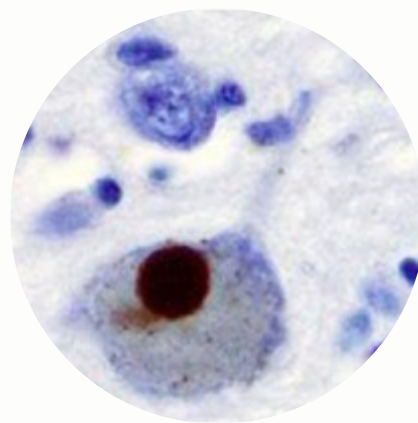
Tau

AD/PD/FTD/CTE/PSP



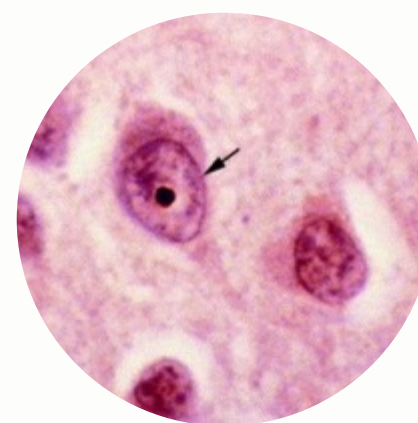
alpha Synuclein

AD/PD



mHTT

HD



NUZ-001 is a **mechanism-driven**, disease-agnostic approach to treating neurodegeneration by **rebalancing proteostasis and addressing core cellular dysfunction**.

New preclinical data show NUZ-001 increases activity of **multiple protein clearance pathways** in neuronal models: **autophagy and proteasomal systems**.

Clinical Development

Phase 1b and Open Label Extension Study

Early Clinical Development of NUZ-001 in MND/ALS started in Australia

Highlights (Based on a study population of n=12 patients)



PRIMARY OUTCOME

- Long-term treatment with NUZ-001 at the recommended Phase 2/3 dose appeared safe and generally well-tolerated (n=12)



SLOWED FUNCTIONAL DECLINE

- Sustained slowing in disease progression by 39% (P1b) and 31% (P1b & OLE) compared to PRO-ACT matched controls



RESPIRATORY STABILISATION

- 49% reduction (P1b) and 43% reduction (P1b & OLE) in VC PP compared to PRO-ACT matched controls



SURVIVAL*

- Reduction in the risk of death by 71% compared to PRO-ACT matched controls
- Estimated life extension of ~16 months



BIOMARKER TRENDS

- Stable plasma NfL and urinary p75^{ECD}



PATIENT SATISFACTION

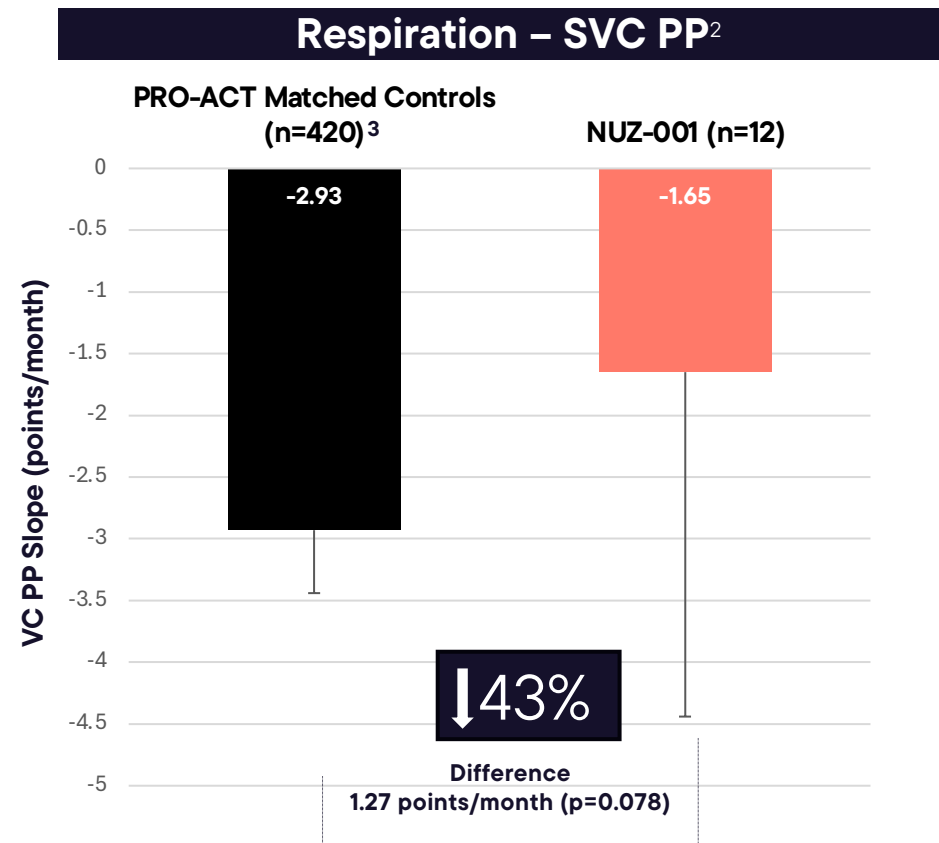
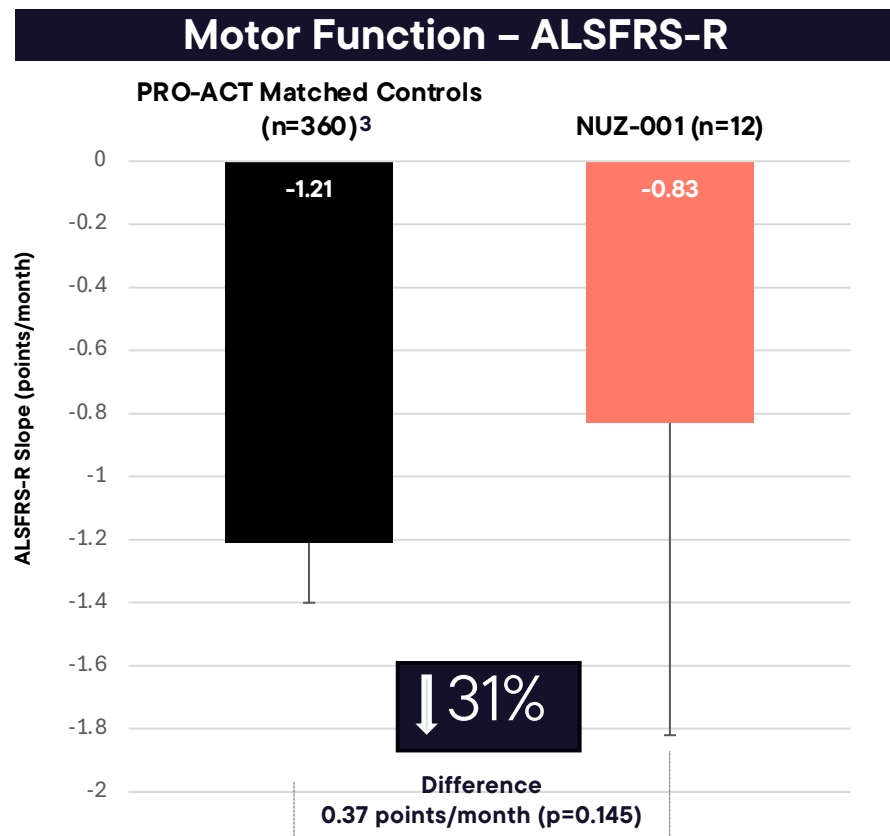
- No study discontinuations
- Several participants still accessing NUZ-001 under the TGA's Special Access Scheme

* Neurizon Phase 1 and Open Label Extension Study data from September 2025

Phase 1b and Open Label Extension Results

Preliminary Signals of Efficacy in ALSFRS-R and SVC

Treatment with NUZ-001 across combined Phase 1 and OLE studies slowed the progression of ALS in all patients by 31% for ALSFRS-R and 43% for SVC percent predicted (PP) when compared to matched controls from the PRO-ACT historical database¹



1. Atassi N, Berry J, Shui A, Zach N, Sherman A, Sinani E, Walker J, Katsovskiy I, Schoenfeld D, Cudkowicz M, Leitner M. The PRO-ACT database: design, initial analyses, and predictive features. *Neurology*. 2014 Nov 4;83(19):1719-25. doi: 10.1212/WNL.0000000000000951. Epub 2014 Oct 8. PMID: 25298304; PMCID: PMC4239834
2. Forced vital capacity (FVC) was used when SVC was not collected
3. Matched on time since onset, baseline ALSFRS-R, pre-baseline slope, and disease onset location

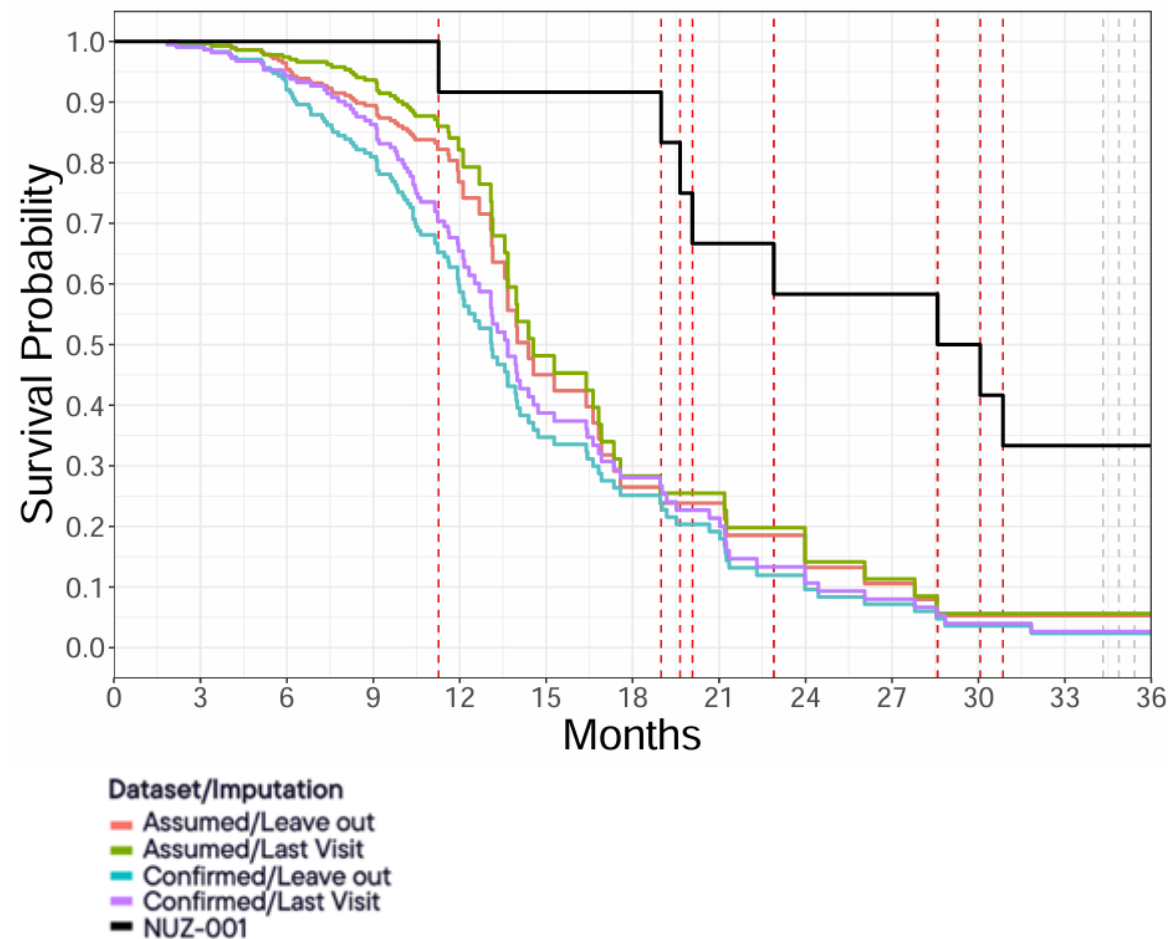
Phase 1b & Open Label Extension

NUZ-001 shows improved survival vs matched controls

NUZ-001 treatment resulted in statistically significantly longer survival of participants with ALS, ($X^2=11.35$, $p=0.00075$), compared to matched controls¹ from the PRO-ACT database²

Analysis* suggests that treatment with NUZ-001 reduces the risk of death by 71%:

Hazard ratio of 0.29 (95% CI: (0.131, 0.644), $p = 0.0024$)



1. Matched on time since onset, baseline ALSFRS-R, pre-baseline ALSFRS-R slope, and disease onset location
2. Atassi N, Berry J, Shui A, Zach N, Sherman A, Sinani E, Walker J, Katsovskiy I, Schoenfeld D, Cudkowicz M, Leitner M. The PRO-ACT database: design, initial analyses, and predictive features. *Neurology*. 2014 Nov 4;83(19):1719-25. doi: 10.1212/WNL.0000000000000951. Epub 2014 Oct 8. PMID: 25298304; PMCID: PMC4239834

* Neurizon Phase 1 and Open Label Extension Study data from September 2025

Clinical development progress from Phase 1b to Phase 2/3

Phase 1b established preliminary safety profile & informed the hypothesis; HEALEY is designed to provide the controlled evidence

Phase 1b Foundation in 12 People Living with ALS

- Established 10 mg/kg daily dose
- Preliminary safety profile observed over 3.5 years
- Early signals of efficacy; slowing function decline and extended life expectancy
- Mechanistic insights for hypothesis-formation & trial design

Clinical Questions to be Determined

- Clinical efficacy against matched placebo
- Reproducibility across MND/ALS diversity
- Biological measures of disease progression

HEALEY PROVIDES THE EVIDENCE

Tailored Study Design

Randomised • double-blind • concurrent placebo • 36 weeks

SCALE + EXECUTION

250

Participants

78

US sites under a
single master
protocol

<5 months

to complete
enrolment

Filing-relevant evidence package

Function • survival • extended safety • CSF exposure • biomarkers

NUZ-001 was selected for inclusion in HEALEY following independent ALS expert review of Neurizon's preclinical and clinical evidence package.

Regimen I is designed to investigate clinical benefit

REGIMEN I AT A GLANCE

Design	Double-blind, placebo-controlled adaptive Phase 2/3 under the HEALEY master protocol
Participants	250 enrolled at close of recruitment (protocol expanded from 160 to 240 in May 2026)
Randomisation	3:1 NUZ-001 to placebo — a fully concurrent, internally consistent placebo arm
Dose and route	10 mg/kg once daily, oral — the dose carried forward from the Phase 1b open-label extension
Treatment period	36-week double-blind period, followed by a 36-week active treatment extension

Primary and Secondary Endpoints

- P:** Change in ALSFRS-R and survival from baseline to Week 36
- S:** Slow vital capacity from baseline to Week 36
- S:** Freedom from death or permanent assisted ventilation from baseline to Week 36

Exploratory Endpoints

Biological validation of disease progression and mechanism of action through extensive exploratory biomarker panel (NfL, mtDNA, protein panel, speech)

36-week blinded period

Earlier HEALEY regimens read out at 24 weeks. A longer blinded window gives more time for functional curves to separate in a disease where treatment effects accumulate slowly and variably, and optimises the chance of showing a clinically meaningful treatment effect.

Fully concurrent placebo arm

Regimen I carries its own placebo group, removing the temporal-drift and comparability associated with pooled placebos.

July CY2026



Recruitment complete

All participants enrolled and dosing commenced

Early Q2 CY2027



RCT Completion

36-week randomised period, then active extension

Q2 CY2027



Database lock

Data cleaning and validation

Late Q2 CY2027



Topline result

Primary efficacy and safety readout

Regimen I Biomarker Portfolio

Connecting clinical response profile with biological measures provides development optionality


**HEALEY
Regimen I**
Large, diverse, well-
characterised ALS
population

Biomarker Insight


Blood / CSF
response
to disease and treatment


Molecular
analysis -
disease activity
and
treatment
mechanism


Digital speech -
**objective
signal** of
disease
progression



Identify subgroups

Clarify who may benefit
most in a
heterogeneous disease



Support regulatory dialogue

Add biological context
to
the totality of evidence



De-risk future development

Inform population
selection and next-
study design



Inform future payer discussions

Build evidence for
differentiated
value and access

Expanded access protocol extends NUZ-001 to patients outside Regimen I

EAP is complementary to HEALEY RCT and fully funded by US National Institute of Health (NIH)

What the program does

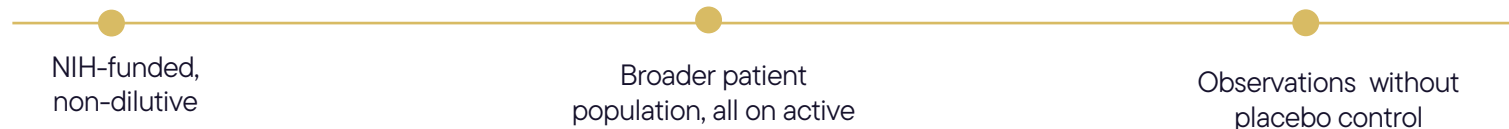
- ✓ **Access outside the trial**
Provides NUZ-001 to people with ALS who cannot access Regimen I.
- ✓ **Funded externally**
NIH funded, highlighting further program validation. Access is extended without drawing on capital allocated to HEALEY.
- ✓ **Operates alongside the RCT**
Separate from Regimen I; no effect on its conduct, randomisation or blinding. Observations are uncontrolled and are not evidence of efficacy.

Why it matters

HEALEY REGIMEN I (RCT)



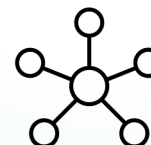
EXPANDED ACCESS PROTOCOL (EAP)



WHAT THE EAP ADDS TO THE PROGRAM



Longer-term safety in a broader population



Grant-funded drug supply and safety systems



Wider clinician experience with NUZ-001

The Road Ahead

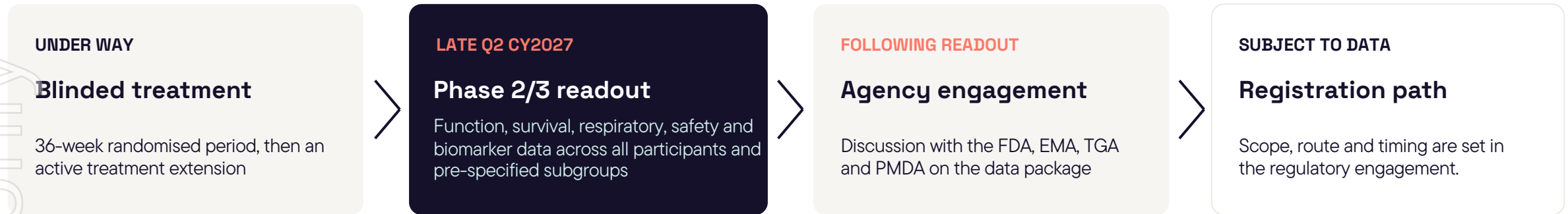
Comparison of Key Outcomes Across Approved ALS Treatments & NUZ-001

Cross-trial comparisons are descriptive only; differences in study design, patient populations, and endpoints limit direct comparability.

			Annual Sales	 ALSFRS-R (Improvement Compared to Placebo)	 FVC/SVC (Improvement Compared to Placebo)	 Survival (Improvement Compared to Placebo)	
01 (1995)	Riluzole¹ (Rilutek®)	52 weeks	Generic, ~US\$40m in sales ¹¹	Not evaluated	Not evaluated	~3 months	n=77
02 (2017)	Edaravone² (Radicava®)	24 weeks	~US\$1 bn in peak sales ¹¹	33.20% (p=0.0013)	23.43% (FVC, p=0.0942)	~6 months	n=69
03 (2022)	Amx0035^{3,4} (Relyvrio®)	24 weeks	>US\$400m sales ¹²	23.27% (p=0.030)	22.37% (SVC, p=0.080)	~6.5 months ⁵	n=89
04 (2023)	Tofersen⁶ (Qalsody®)	28 weeks	~US\$86.9m sales ¹³	14.74% (p=0.970)	35.59% (SVC, p>0.05)	Not evaluated	n=72
Investigational	NUZ-001⁷	MEND: 40 weeks ⁸ OLE: 116 weeks ⁹	NA	39% (p=0.080) ¹⁰ 31% (p=0.145) ¹⁰	48% (SVC, p=0.058) ¹⁰ 41% (SVC, p=0.078) ¹⁰	~16 months ¹⁰	n=12

¹ N Engl J Med. 1994 Mar 3;330(9):585-9; ² Lancet Neurol 2017;16: 505-12; ³ N Engl J Med 2020; 383:919-30; ⁴ Voluntary removal from the market; ⁵ Muscle Nerve. 2021 Apr;63(4):31-39; ⁶ Engl J Med 2022;387:1099-110; ⁷ Neurizon data on file; ⁸ Median treatment period in Phase 1 MEND Study; ⁹ Median treatment period for combined Phase 1 MEND Study and OLE Study; ¹⁰ Comparison to matched untreated controls in PRO-ACT Database. 11. Research Reports World 2024; 12. BioPharma Dive, ALS Drug Development, September 30, 2025; 13. Biogen 2025 Annual Report; Verified Market Report 2025;

A Trial Pathway Built To Carry Advanced Regulatory Discussion



WHAT REGIMEN I BRINGS INTO THAT DISCUSSION

A randomised, internally controlled dataset

Regimen I carries its own concurrent placebo arm rather than pooled platform controls, over a longer duration vs other regimens.

Supporting evidence built alongside the trial

An exploratory biomarker panel and real-world data from the Expanded Access Program to support data from the primary and secondary endpoints.

Regulatory and manufacturing readiness

Orphan drug designations held in the US and EU, three registration batches manufactured, long-term GMP supply secured, and a patent runway to 2041.

Scope, route and timing of any registration pathway depend on the Regimen I data and subsequent regulator interaction.

Potential pathway options only. Final strategy, approval pathway and label depend on the Regimen I trial data and regulator interaction.

Cost and Capital Management

Fully funded to pivotal top line readout out, with material non-dilutive funding

Cost Management & Capital Allocation

↓ Non-clinical spend reduced

Pre-clinical, marketing, administrative and travel costs all decreased, reflecting the Company's commitment to limiting spend not directly focused on the HEALEY ALS Platform Trial.

↑ Clinical spend increasing as planned

Clinical expenditure increased consistent with the planned ramp-up in HEALEY ALS Platform Trial activity as participant enrolment progressed through the quarter.

✓ HEALEY expansion: no funding impact

Expansion to 250 participants expected to have no impact on funding requirements through anticipated Q2 CY2027 topline results, supported by philanthropic funding and cost discipline.

Funding Pillars

EXISTING CASH BALANCE & R&D RECEIVABLE

- Cash balance of \$12.7 million and \$10.4 million R&D receivable reported at 30 June 2026,

COMPLETE

R&D TAX REBATE

- Advance Overseas Finding (AOF) provides a cash rebate on foreign qualifying R&D, including HEALEY ALS Platform Trial expenditure. AOF is binding on the Australian Tax Office and AusIndustry.
- Neurizon has entered into a strategic R&D funding facility with Dare Capital in July 2026, with an initial drawdown of \$8.3 million in August 2026.

ONGOING

CONVERTIBLE NOTE FACILITY

- Obsidian Global GP, LLC facility is a flexible source of funding, with capacity for further drawdowns of up to \$15 million
- Neurizon recently redeemed 1,000,000 convertible notes on issue, reducing the number outstanding to 750,000
- Terms of the facility allow Neurizon to consider alternative forms of capital going forward as potential alternatives to further drawdowns. The company remains committed to achieving key milestones while protecting the best interest of shareholders

AVAILABLE

A strong foundation set with Elanco ahead of topline

Embedded licence, supply and equity ties settle manufacturing and partnering before HEALEY readout

ELANCO AGREEMENT

Exclusive global licence

Worldwide rights to Elanco IP for neurodegenerative diseases in humans

Long-term GMP API supply

Human-health GMP monepantel, the API in NUZ-001, under a framework that extends into commercialisation

Registration batches and trial supply

Three registration batches manufactured; tablet supply secured through HEALEY completion

Strategic investment

Top-five shareholder since the December 2025 placement.
Dr Steve Nanchen, Senior Advisor, External Innovation, is Board Observer

IMPACT ON COMMERCIAL READINESS

Freedom to commercialise or partner globally

Rights sit alongside FDA and EMA orphan designations and patents to 2041

API source settled ahead of launch

No new supplier to find or qualify after HEALEY reads out, underpinning speed to market and distinct competitive advantage

CMC groundwork in place for filings

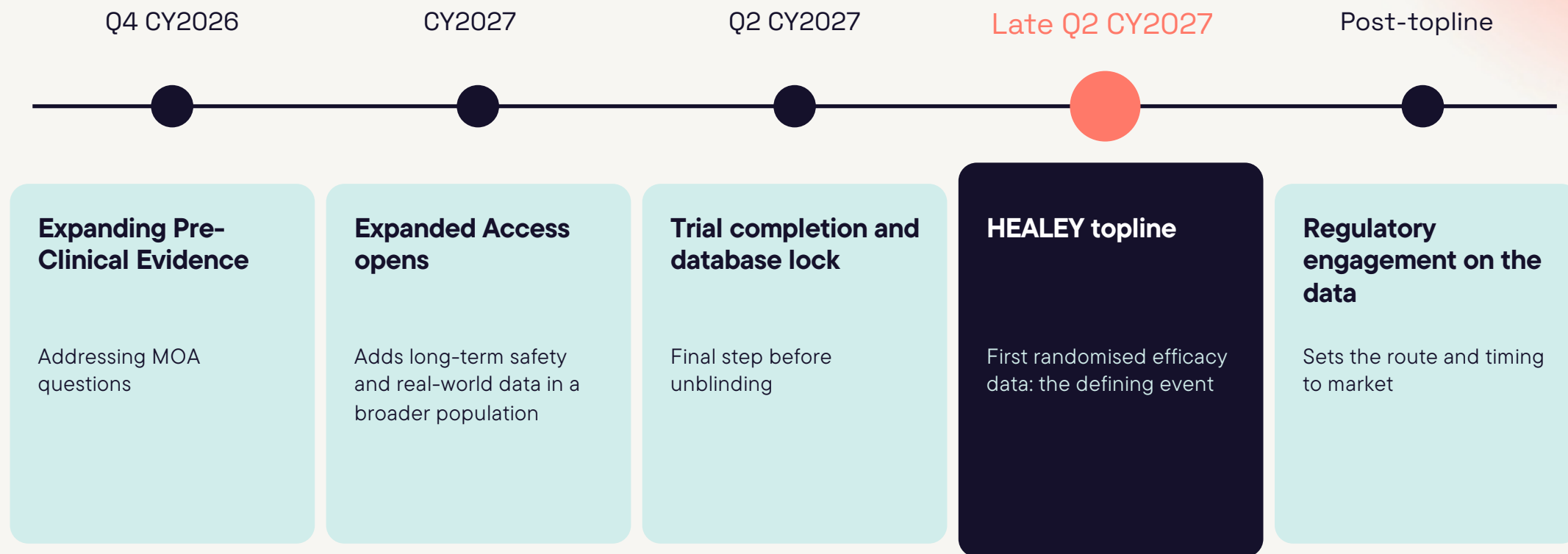
Trial supply risk retired, batches support near-term regulatory submissions

Aligned partner at the table after readout

Elanco business development experience at Board level as partnering options open – Elanco directly complement management's deep sector expertise

Major value inflection points expected in the near-term

Multiple material developments that change the investment case, converging soon



Timing reflects current company guidance and planning, and may change. EMA advice and Expanded Access timing to be confirmed by management before external use.

Why Neurizon, why now

A defining randomised readout in late Q2 CY2027, with groundwork in place

Late Q2
CY2027

HEALEY Regimen I topline:
the first randomised efficacy
data for NUZ-001.

- 1 A 250-participant randomised Phase 2/3 in ALS, efficiently run
- 2 Record enrolment within the HEALEY platform, in under five months
- 3 Early clinical signals that shaped the Phase 2/3 trial design
- 4 Supply, manufacturing and biomarker work already in place
- 5 Established regulatory, partnering and commercial options

ersonal use only

Thank You

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