POSITIVE TENECTEPLASE STUDY RESULTS FULFIL A KEY FDA REQUIREMENT

Highlights:

- ***ARG-007 confirmed not to interfere with tenecteplase (TNK),*** *meeting a critical FDA requirement and significantly de-risking ARG-007's development for use alongside standard-of-care clot dissolving agents.*

- *This drug-drug- interaction study compliments the* ***previously completed study assessing ARG-007's drug-drug interaction with alteplase****, a standard of care clot dissolving drug similar to TNK, in which ARG-007 also showed positive results*[2]*.*

- ***Preparation for next clinical study progressing****, with additional safety and dosing data being compiled to strengthen the IND package and support lifting of the FDA clinical hold. Two remaining FDA-requested assays are underway, with data expected in Q1 CY26.*

Perth, Australia; 4 December, 2025 - Argenica Therapeutics Limited (ASX: AGN) ("Argenica" or the "Company"), a biotechnology company developing novel therapeutics to reduce brain tissue death after stroke, is pleased to report positive results from its drug–drug interaction assessment between the clot-dissolving agent tenecteplase (TNK) and the Company's lead candidate, ARG-007. This study was undertaken in response to the clinical hold letter from the U.S. Food and Drug Administration (FDA) as being one of the additional studies required to lift the clinical hold on Argenica's Investigational New Drug (IND) application for acute ischaemic stroke[1].

The purpose of this study was to determine whether ARG-007 interferes with the clot-dissolving activity of TNK, a genetically modified version of alteplase and a recombinant tissue plasminogen activator, recently approved by the FDA for the treatment of acute ischemic stroke.

[1] ASX Announcement dated 14 August, 2025 "Argenica Received IND Feedback from FDA".

Human whole-blood clots from four individual donors (two males and two females) were assessed to evaluate whether ARG-007 inhibits TNK-induced thrombolysis. Aminocaproic acid was used as a positive control in this study because it is a well-known inhibitor of fibrinolysis (clot dissolving activity), adding it to a clot + TNK system reliably blocks the clot-dissolving effect of TNK.

Across all four donors and at all eight concentrations tested, **ARG-007 did not inhibit the clot-dissolving effect of TNK**. The concentrations span from low doses to high doses to cover all clinical trial doses tested.

This finding is particularly important because demonstrating a lack of inhibition of the activity of clot dissolving drugs is a key FDA requirement when developing a neuroprotective therapy intended to be used alongside standard-of-care thrombolytics like TNK. Confirming that ARG-007 does not interfere with TNK's mechanism of action significantly de-risks the program, supports the overall safety profile of the drug, and represents a critical step toward resolving the FDA's questions and advancing the IND.

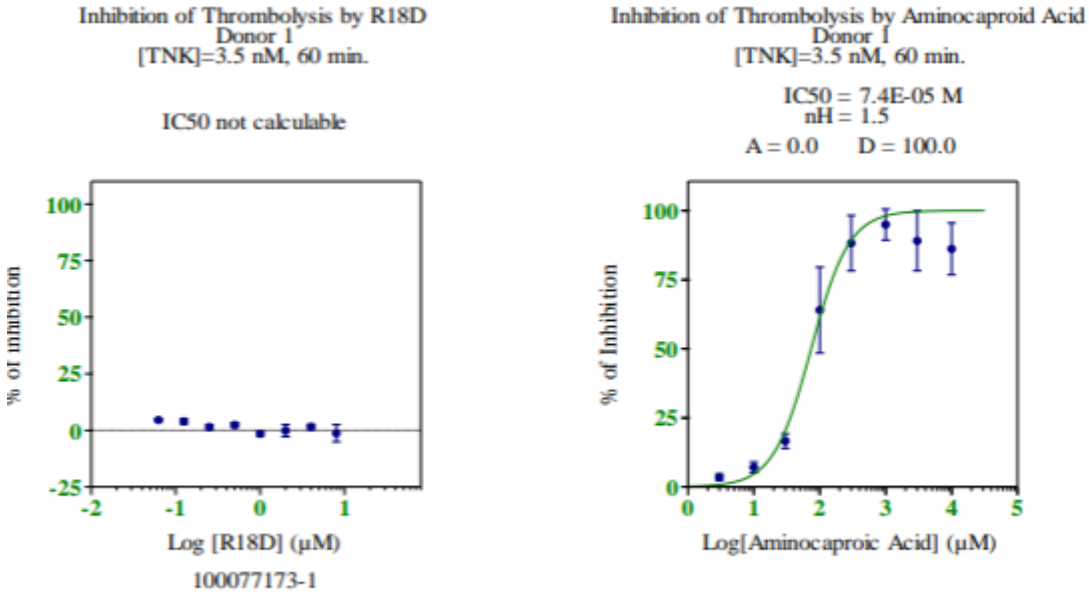

Figure 1. Inhibition of the clot dissolving activity of TNK ARG-007 (R18D) as the test subject, and Aminocaproic Acid as the positive control. Increasing concentrations of ARG-007 (R18D) showed no inhibition of the clot dissolving activity of TNK, whereas Aminocaproic Acid showed increasing inhibition as the concentration increased.

This study compliments the previously completed study[2] of alteplase, a different form of a tissue plasminogen activator, a thrombolytic agent approved for use in acute ischaemic stroke patients. In the alteplase tPA study, Argenica assessed the impact of ARG-007 on standard of

[2] ASX Announcement dated 25 September, 2024 "Positive results in key IND enabling studies confirms competitive position of ARG-007".

care drug alteplase. The study, utilising human blood clot, confirmed **ARG-007 did not impact the clot dissolving activity of alteplase**, indicating ARG-007 can be used with the standard of care alteplase tPA therapy. Previous studies conducted by Argenica's Chief Scientific Officer have also confirmed that alteplase and TNK do not impact the neuroprotective efficacy of ARG-007[3].

RESOLUTION OF FDA CLINICAL HOLD

With the TNK drug–drug interaction study now successfully completed, Argenica will incorporate these results into its formal response to the U.S. FDA, addressing one of the key requirements outlined in the FDA's clinical hold letter[1]. The two remaining FDA-requested assays have already commenced, and the Company anticipates data from these studies to be available in **Q1 CY26**.

To further strengthen the IND package, Argenica is generating additional data on the maximum tolerated dose of ARG-007 in rats to help inform the clinical safety margin for dosing in humans, as well as collating safety data from the recently completed Phase 2 clinical trial to ensure the FDA has all the relevant data required to lift the clinical hold.

Once all datasets are finalised, Argenica will submit the full package to the FDA as part of its IND clinical hold response. The Company will also submit a refined Phase 2b protocol leveraging the Phase 2 study results to enrich for the target stroke population most likely to benefit from early neuroprotection. In parallel, the Company continues preparatory activities for its next planned clinical study of ARG-007, ensuring that operational, regulatory, and manufacturing readiness is in place to enable rapid progression once the IND hold is lifted.

This announcement has been approved for release by the Board of Argenica

For more information please contact: info@argenica.com.au

ABOUT ARGENICA

Argenica Therapeutics Limited (ASX: AGN) is a clinical-stage biotechnology company developing innovative neuroprotective therapeutics to improve outcomes for patients following stroke and other acute neurological injuries. The Company's lead drug candidate, ARG-007, is designed to protect vulnerable brain tissue by reducing cell death and limiting secondary damage after an ischemic event. With a strong scientific foundation and a clear clinical development pathway, Argenica is focused on advancing novel treatments that have the potential to significantly improve patient recovery and transform the standard of care in acute neurology.

[3] Meloni BP, Blacker DJ, Edwards AB, Knuckey NW. Impact of poly-arginine peptides R18D and R18 on alteplase and tenecteplase thrombolysis in vitro, and neuroprotective stability to proteolysis. J Thromb Thrombolysis. 2022 Jul;54(1):172-182