For Immediate Release

DIMERIX INVESTOR WEBINAR

Investor Webinar | Friday, 17 July 2026 – 10.30am AEST
You are invited to register using this link:

https://us02web.zoom.us/webinar/register/WN_IIO_8avKRPq1jH8EGLLF_Q#/registration

Participants may submit questions at registration or during the session

MELBOURNE, Australia, 17 July 2026: Dimerix Limited (ASX: DXB) a clinical-stage biopharmaceutical company developing kidney disease treatments, is pleased to provide an opportunity for shareholders, investors and brokers to join a live-streamed presentation today at 10:30am AEST.

During the presentation, Dimerix's CEO & Managing Director, Dr Nina Webster, will discuss today's announcement on the acquisition of DMX-652 Phase 2 asset for acute kidney injury, the non-dilutive loan facility agreement and the Company's funding position. Dr Webster will also provide an update on the progress of the Phase 3 ACTION3 clinical trial of DMX-200 in FSGS.

Registration details are in the box above and the webinar presentation is attached to this announcement.

Authorised for lodgement with ASX by the Board of Dimerix.

—END—

About Dimerix
Dimerix Limited (ASX: DXB) is a clinical-stage biopharmaceutical company focused on developing new therapies for kidney diseases with significant unmet medical need. The Company's lead program, DMX-200, is currently in Phase 3 clinical development for focal segmental glomerulosclerosis (FSGS), a serious and life-threatening rare kidney disease with limited treatment options. In addition, Dimerix is advancing a Phase 2 program in acute kidney injury (AKI), further strengthening its pipeline in high-need renal indications. With a growing network of five commercial partners supporting global development and future market access, Dimerix is committed to expanding its reach and delivering innovative treatments to as many patients as possible worldwide while creating long-term value for shareholders.

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About DMX-200 in 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.[1] 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,[2] underscoring the urgent need for new, disease-modifying treatments.

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 2042, in addition to Orphan Drug Designation granted in the United States, Europe, UK and Japan[3].

About DMX-652 in Acute Kidney Injury

Acute kidney injury (AKI) is a prevalent and severe clinical syndrome of substantial unmet need. It can arise from several high-risk clinical settings including, most notably, cardiac surgery and sepsis and is characterised by a rapid decline in kidney function (within hours), often resulting in high morbidity and mortality. The current addressable patient population is estimated to be approximately 100,000-133,000 patients annually in the United States,[4] making this indication a potential orphan designation. AKI represents a significant clinical burden. There are no approved therapies for AKI, which is associated with rapid kidney function decline within hours, increased risk of chronic kidney disease and long-term kidney complications.

DMX-652 is a selective inhibitor of USP30 - a mitochondrial enzyme that slows the removal of damaged mitochondria. DMX-652, which is a small molecule delivered as an oral once daily capsule, is designed to support mitochondrial quality control in injured kidney cells, a mechanism indicated in the progression of AKI caused by ischaemia (lack of blood flow resulting in oxygen starvation), toxins or sepsis related causes, as well as in other renal and non-renal indications. The DMX-652 acquisition includes the composition of matter patent, an open IND in the US with a Phase 2 clinical trial protocol which has received approval to proceed by the US Food and Drug Administration (FDA), as well as sufficient pharmaceutical grade (GMP) drug product for the Phase 2 trial and all manufacturing methodology. The Phase 2 trial is designed to investigate DMX-652's potential to prevent kidney injury and preserve renal function.

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.

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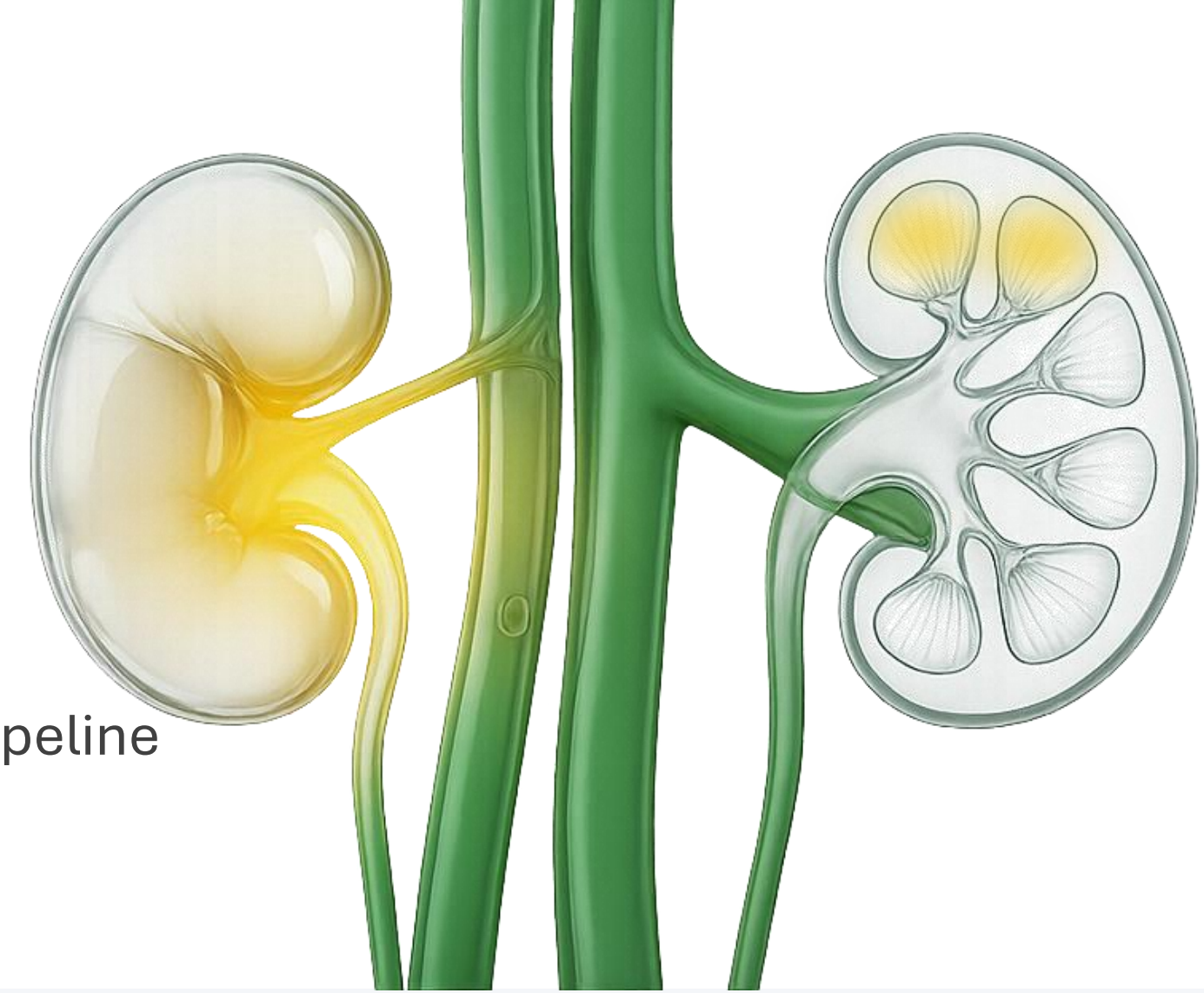
References

1 *Nephcure FSGS Facts (https://nephcure.org/)*
2 *Front. Immunol., (July 2019) | https://doi.org/10.3389/fimmu.2019.01669*
3 *ASX releases: 14 December 2015, 21 November 2018, 07 June 2021, 30 September 2025*
4 *Ostermann M, Lumlertgul N, Jeong R, et al. Acute kidney injury, (2025) Lancet 405:241–56. https://doi.org/10.1016/s0140-6736(24)02385-7*

Dimerix

Investor Presentation



Dimerix Expands Kidney Disease Pipeline

Introducing DMX-652

17 July 2026

Developing new therapies to treat kidney diseases with unmet clinical needs

Authorised for lodgement by the Board of the Company

Forward looking statements

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Lead asset DMX-200: Phase 3 opportunity in chronic kidney disease

DMX-200

Phase 3 trial
recruitment complete in ACTION3 trial of DMX-200 in focal segmental glomerulosclerosis (FSGS)[1]

Reduced risk
- Proteinuria endpoint **passed blinded interim** (futility) assessment[2]
- Blinded review confirmed ACTION3 **statistically powered (>90%)** to demonstrate statistical significance of predicted proteinuria treatment effect of DMX-200[3]

FSGS indication
is a **rare disease** that causes scarring of the kidney, leading to irreversible damage[4]

Orphan drug designations
regulatory, marketing exclusivity and pricing **benefits** in key territories[5]

5 commercial partners
DMX-200 licensed in USA, EU, Canada, Australia, NZ, Japan, China, S.Korea, SEA & GCC[6]

Up to $1.9 billion
in total development and sales milestone payments **plus** royalties[6]

Dimerix

1. ASX release 10 March 2026; 2. ASX release 11 March 2024 3. ASX release 28 April 2026; 4. Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/; 5. ASX releases: 14 December 2015, 21 November 2018, 07 June 2021, 30 September 2025; 6. ASX release 05 October 2023, 27 May 2024, 07 January 2025; 01 May 2025 and 16 June 2026

Corporate overview

Ticker Symbol	ASX: DXB
Cash Balance (Mar26)*	$26.6 million
Market Capitalisation[1]	$144 million
Share price[1]	$0.24
Total ordinary shares on issue[1]	600,396,776
Average Daily Liquidity by value for past 90 trading days[2]	$1.1 million

**excluding ~$24 million to be received from :*

- *~AU$14 million Everest upfront payment[3]*
- *$10 million loan facility[4]*

SHARE PRICE

SUBSTANTIAL SHAREHOLDERS[3]

Position	Holder Name	Holding	% IC
1	Mr P Meurs	91,090,374	15.1%
TOTAL (TOP 5) Shareholders		**150,716,497**	**25.1%**

Dimerix

1. As at 14 July 2026; 2. Past 90 trading days liquidity as at 14 July 2026; 3. Shareholder register as at 14 July 2026; 3. ASX release 16 June 2026; 4. ASX release 17 July 2026

Well funded through key catalysts

- Dimerix funded through to completion of the ACTION3 Phase 3 trial for DMX-200 as well as initiation of the Phase 2 clinical trial[1] for DMX-652 using:

  - Existing cash reserves;
  - ~$14 million upfront payment to be received from Everest for commercial rights to Greater China, South Korea and Southeast Asia;[2] and
  - $10 million non-dilutive loan facility agreement[3]

- Negotiations are well progressed to access up to a further AU$40 million in non-dilutive funding, anticipated to be on substantially similar terms to the loan facility under the Loan Agreement, that would further extend cash runway beyond ACTION3 Phase 3 clinical trial in DMX-200 and the Phase 2 trial in DMX-652[4]

1. Based on current anticipated spend and activities; should activities or spend change, this could materially impact the cash runway of the Company; 2. ASX release 16 June 2026; 3. ASX release 17 July 2026; 4. Funding subject to a definitive agreement(s) being executed

Dimerix

(ASX:DXB)

Non-Dilutive Loan Structured Financing

Loan
$10 million which may be drawn down by Dimerix

Lender
SKIPTAN Pty Ltd (Lender), an associate of Mr Meurs (a substantial shareholder of the Company)

Term
17th January 2028

Interest rate
10% per annum, compounding annually: applies only to the facility amount drawn down and received by Dimerix

Repayment
Dimerix may repay the facility amount received any time during the Term; repayment anticipated through existing pre-data licensee milestone payment(s); potential new license fees; and/or capital market access

Milestone Participation
On Phase 3 clinical success and FDA approval of DMX-200, Lender may receive 30% of each milestone payment received by Dimerix under DMX-200 commercial license agreements, capped in aggregate at 2.0x the amount drawn down and received by Dimerix from the Lender

Other terms: see ASX release 17 July 2026 for details

DMX-652: Phase 2 in acute kidney injury

A complementary, clinical-stage pipeline addition for Dimerix

Large value potential	For relatively small upfront: • Secured a Phase 2 ready asset, which is already FDA cleared & manufactured • Significant work to date by originator means significant early risk already removed[1] • Upon successful Phase 2, likely to generate significant commercial value[1]
First and best in class	• First-in-class USP30 target that promotes renewal of mitochondria - DMX-652 targets one of the emerging key drivers of kidney injury and reduces both cellular energy failure and inflammation
Leverages existing expertise	Dimerix are a team of experts in kidney disease capable of identifying high value assets: • In-house expertise to create further value by excellence in operational and clinical development • A proven track record of advancing high value assets through clinical development and into commercialisation
Large and growing market	• No approved therapy for high-risk acute kidney injury patients and growing demand for new therapies[2] • Large US$3.5 Billion total opportunity size for AKI, growing to $7.5 Billion in the next decade[3]
Strategic value	Dimerix has significant optionality over DMX-652, with the asset having the potential to be used for a variety of other indications, many of which may also have large markets and unmet medical needs

1. Dimerix internal analysis; Mission Therapeutics MTX-652 development file; 2. Zarbock et al, Intensive Care Med 2023; Vervoort et al, Ann Thorac Surg 2023; 3. Dimerix internal market analysis consensus figure based on meta-analysis of 21 market reports (2026) ; Includes China and Japan markets, label expansion into sepsis-associated AKI (SA-AKI) and contrast-associated AKI

Introducing DMX-652

A first-in-class, oral, once-daily USP30 inhibitor for the prevention of acute kidney injury in high-risk patients undergoing cardiac surgery

Small molecule

New chemical entity; oral capsule formulation; GMP-grade API available to support Phase 2 clinical trial

Once-daily dosing

Convenient dosing schedule to provide pre-operative and post operative USP30 inhibition

Well tolerated

Phase 1 multi-part study completed in 109 healthy volunteers, (85 volunteers administered DMX-652) no serious adverse events and wide therapeutic margin

Phase 2 ready

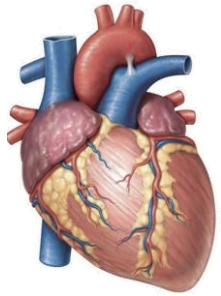
IND open, approved protocol and established global medical advisory board

Key value proposition with encouraging safety profile

What is AKI associated with cardiac surgery

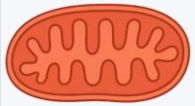
Currently no approved disease-modifying therapies

1 Cardiac Surgery



Cardiopulmonary bypass starves the kidney of oxygen (ischaemia) and causes oxidative stress in kidney cells

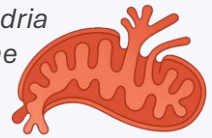
2 Ischaemia



Healthy mitochondria

Kidney starved of oxygen

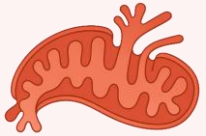
Damaged mitochondria causes rupture of the mitochondrial membrane



~26% of patients undergoing cardiac surgery suffer kidney injury; increases to 30-50% in high-risk patients

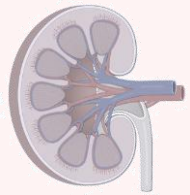
3 Reperfusion: restores blood flow to kidney

Mitochondria rupture



kidney damage caused by a massive influx of reactive oxygen species (ROS) that leads to cell death

AKI



Sudden decline in kidney function (hours)

Drives ICU stays, dialysis, mortality and/or progression to Chronic Kidney Disease

Mitochondria = "batteries" for the kidney cell
The kidney has the second-highest mitochondrial content and oxygen consumption in the body to fuel intense energy demands

Source: Scurt FG et al, Kidney360 2024; Zarbock A et al, Intensive Care Med 2023; KDIGO clinical practice guidelines for AKI

Dimerix

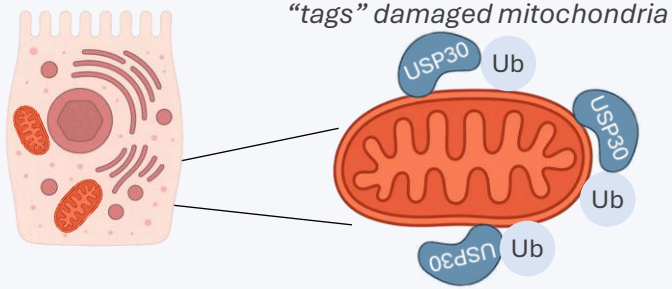
How DMX-652 works – unique, novel mechanism

DMX-652 aims to enable the body's natural quality-control system to remove damaged mitochondria (a process called mitophagy) before they trigger kidney cell death

Healthy kidney

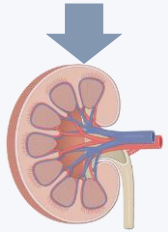
Kidney tubule cell

USP30 regulates Ub which "tags" damaged mitochondria



- Ubiquitin-specific protease 30 (USP30) enzyme expressed on mitochondria
- **USP30 regulates Ubiquitin (Ub)** accumulation to remove damaged mitochondria whilst also preventing premature clearance of healthy mitochondria

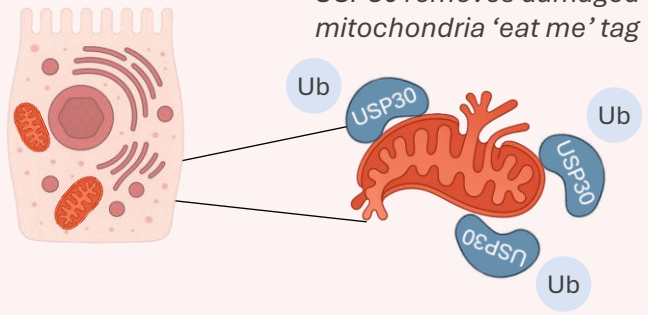
Maintain kidney function



Acute Kidney Injury (AKI)

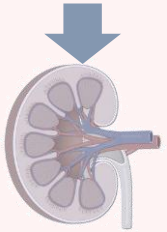
Kidney tubule cell

USP30 removes damaged mitochondria 'eat me' tag



- USP30 opposes Ub tagging, removing the 'eat me' tag
- **Damaged mitochondria are not effectively removed**
- Drives inflammation and cell death

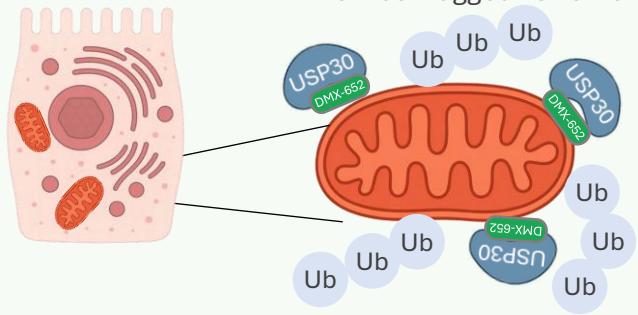
Sudden decline in kidney function (hours)



DMX-652 targets USP30

Kidney tubule cell

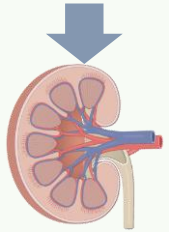
Damaged mitochondria can now be "tagged" & removed



- DMX-652 blocks USP30, enabling normal ubiquitination
- selective degradation of damaged mitochondria, **leaving only healthy mitochondria**

Aims to:

- *Preserve kidney function*
- *Reduced AKI severity and incidence*
- *Prevent dialysis*
- *Shorter ICU and hospital stays*
- *Reduced risk of progression to CKD*



Source: Tang C et al, Nat Rev Nephrol 2021; Bhatia D, Choi ME, J Life Sci 2019; Mission Therapeutics MTX-652 preclinical package (2024)

Dimerix

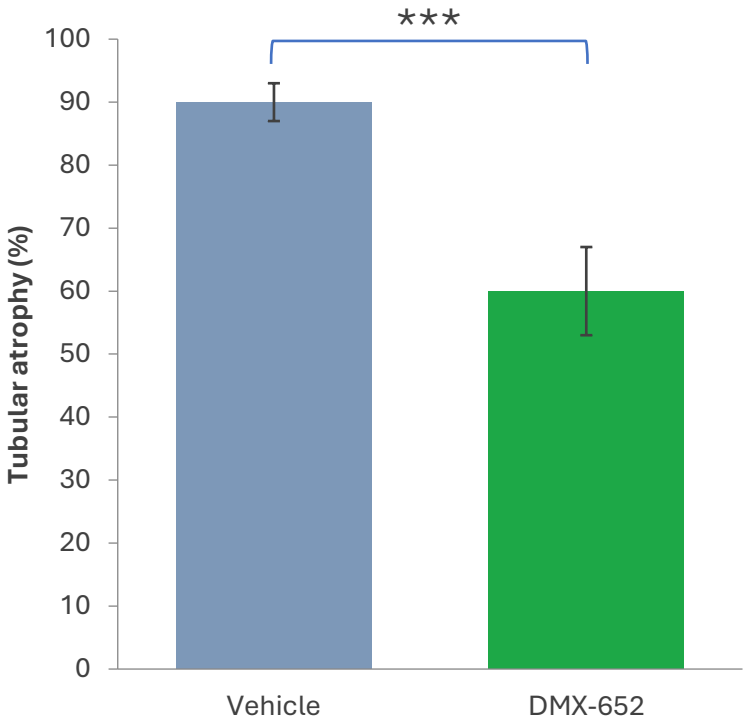
Pre-clinical data demonstrates efficacy signal

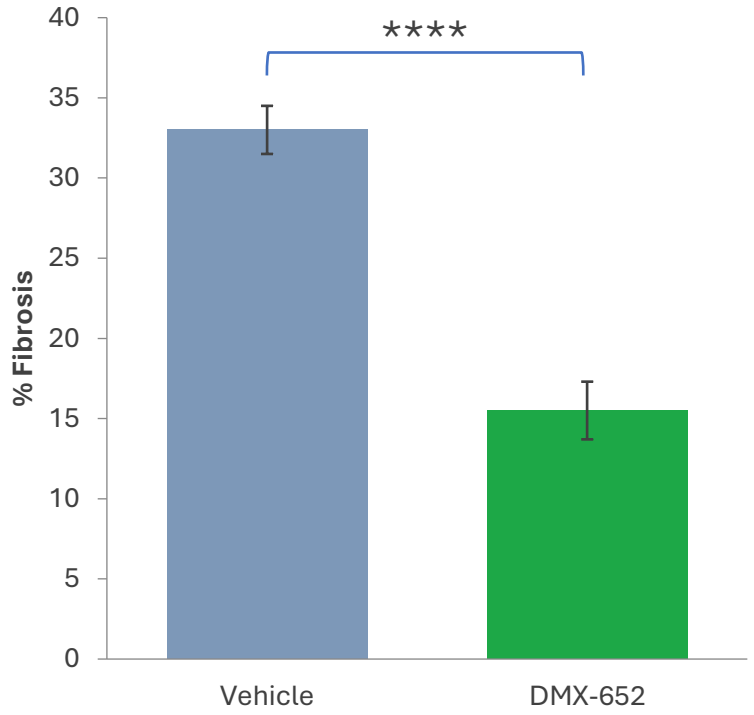
DMX-652 reduces kidney damage

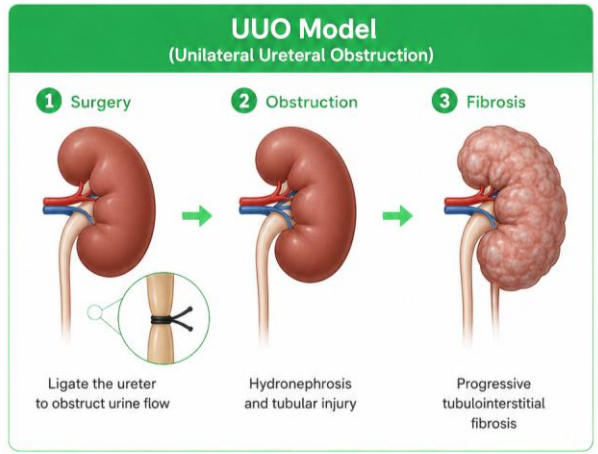
- The uIRI model replicates the processes of cardiac surgery that cause AKI
- DMX-652 significantly reduces the number of kidney tubules damaged when blood is restricted

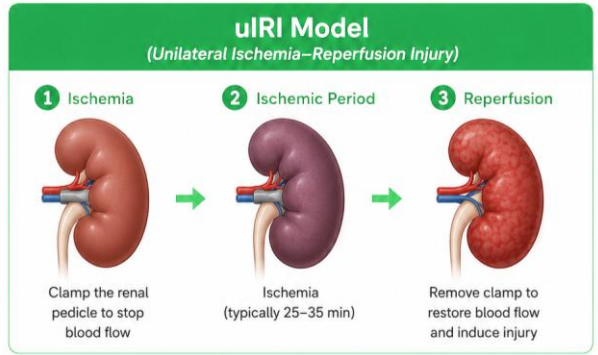
DMX-652 reduces scarring (fibrosis)

- The UUO model predicts acute to chronic kidney disease progression.
- DMX-652 significantly reduces the scarring that drives chronic disease









*uIRI - Unilateral renal ischemia-reperfusion model, UUO - Unilateral ureteral obstruction model. Bars = mean ± error; values, ****<0.0001, ***<0.001. Mission Therapeutics unpublished data*

Dimerix

Phase 1 study met primary endpoint

Completed in healthy volunteers: strong safety & pharmacokinetic foundation to support Phase 2 clinical trial

85	0	Up to 200mg	100mg
Healthy volunteers received DMX-652; across 5 study sites	No serious adverse events (SAE) reported in any cohort	Single dose well tolerated; maximum tolerated dose not reached	Once daily x 14 days; multiple ascending dose; well tolerated

Safety

- No serious adverse events
- Almost all TEAEs of mild severity
- No ECG signal: no QT/QTc prolongation
- Well tolerated in elderly subjects
- Wide therapeutic margin in non-clinical tox studies

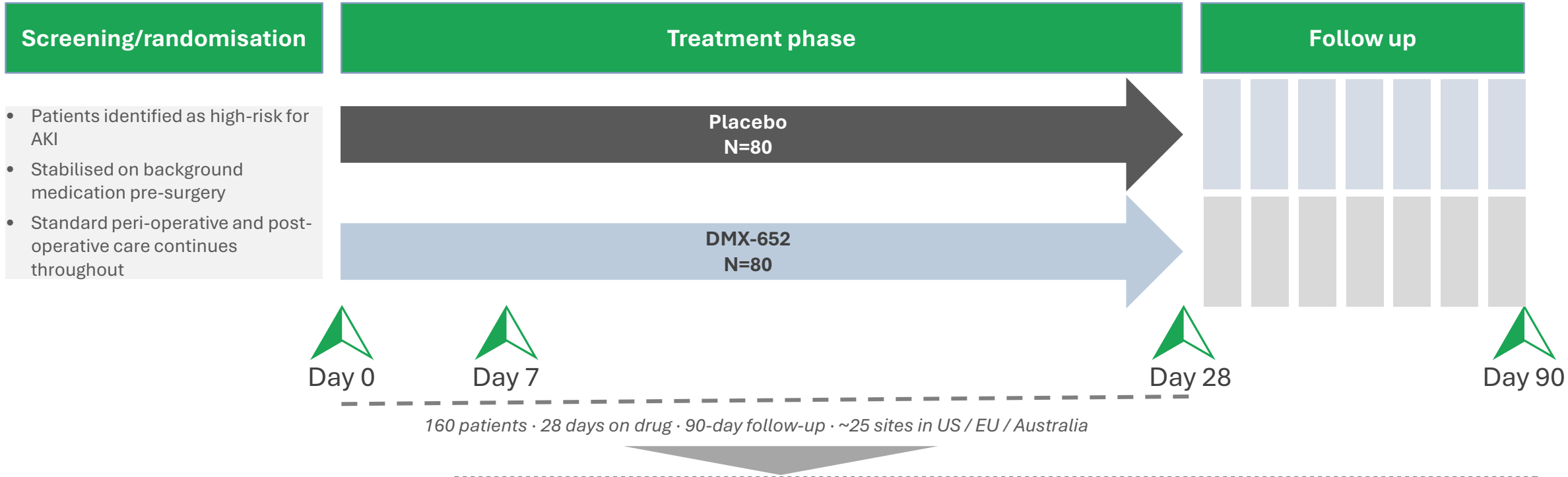
Pharmacokinetics & Drug/Drug Interactions (DDI)

- Rapid oral absorption; no effect of food or formulation
- Once-daily dosing profile supported
- Clean DDI profile: not a CYP450 inducer/inhibitor
- Modelled 100mg loading / 50mg daily achieves ~80% target occupancy
- Phase 2 dose selected using validated PK modelling

Source: Mission Therapeutics MTX-652 Phase 1 Clinical Study Report (MTX652_001), 2024; FDA Pre-IND meeting minutes

Proposed phase 2 clinical trial design

A multicentre, double-blind, randomised, placebo-controlled study evaluating the safety and efficacy of DMX-652 in patients at high risk of AKI following cardiac surgery (n=160)



Primary endpoint

AKI incidence by 7 days post-surgery

Secondary endpoints

Safety and tolerability

PK

MAKE30

MAKE90

Source: Mission Therapeutics MTX-652 Phase 2 protocol (FDA Study-May-Proceed, 2023); Dimerix MTX-652 development plan (2026); MAKE 30 & MAKE 90 = Major Adverse Kidney Events occurring at 30 or 90 days

Dimerix

DMX-652: first-in-class, best-in-class potential

Unlike competing programs targeting specific inflammatory or fibrotic pathways, DMX-652 acts on a downstream, convergent driver of kidney injury — making it applicable across causes of AKI

1

Only USP30 inhibitor in clinical development for CS-AKI

No other mitophagy modulators are in clinical development for cardiac surgery-associated AKI

2

Damage-sensing mechanism

USP30 inhibition selectively amplifies mitophagy only where mitochondria are already damaged — avoiding the indiscriminate effects of broader pathway activators

3

Targets a ‘cause-neutral’ pathway

Mitochondrial dysfunction drives AKI regardless of cause — making DMX-652 mechanistically broad and complementary to existing care

4

Expansion potential beyond CS-AKI

Same mitophagy mechanism applicable to a large range of other diseases, including other AKI causes, kidney transplant, cardiac disease, and lung disease

Tang C et al, Nat Rev Nephrol 2021; Dimerix competitive landscape analysis (2026); clinicaltrials.gov searches; CS-AKI = cardiac surgery related acute kidney injury

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Significant unmet need in AKI

With no approved disease-modifying therapies, severe consequences for patients, surgeons, and health systems

0	1 in 4	30-50%
No approved therapies for the prevention of cardiac surgery-associated AKI	Cardiac surgery patients develop AKI after on-pump surgery[1]	AKI rate in high-risk patients *(e.g. age, diabetes, low cardiac function, prior kidney disease)*[1]

Consequences of CS-AKI[2]:

- Prolonged intensive care and hospital length of stay
- Higher rates of renal replacement therapy (dialysis)
- Increased short- and long-term mortality
- Substantially elevated risk of progression to chronic kidney disease and end-stage renal disease

"CS-AKI is a predictable, frequent and devastating complication of cardiac surgery. Effective preventive therapies are a critical unmet need."
Consensus position, 2024 ADQI Conference

1. Alshaikh HN et al, Ann Thorac Surg 2018; Zarbock A et al, Intensive Care Med 2023; 2. Scurt FG et al, Kidney360 2024; Lau D et al, J Thorac Cardiovasc Surg 2021

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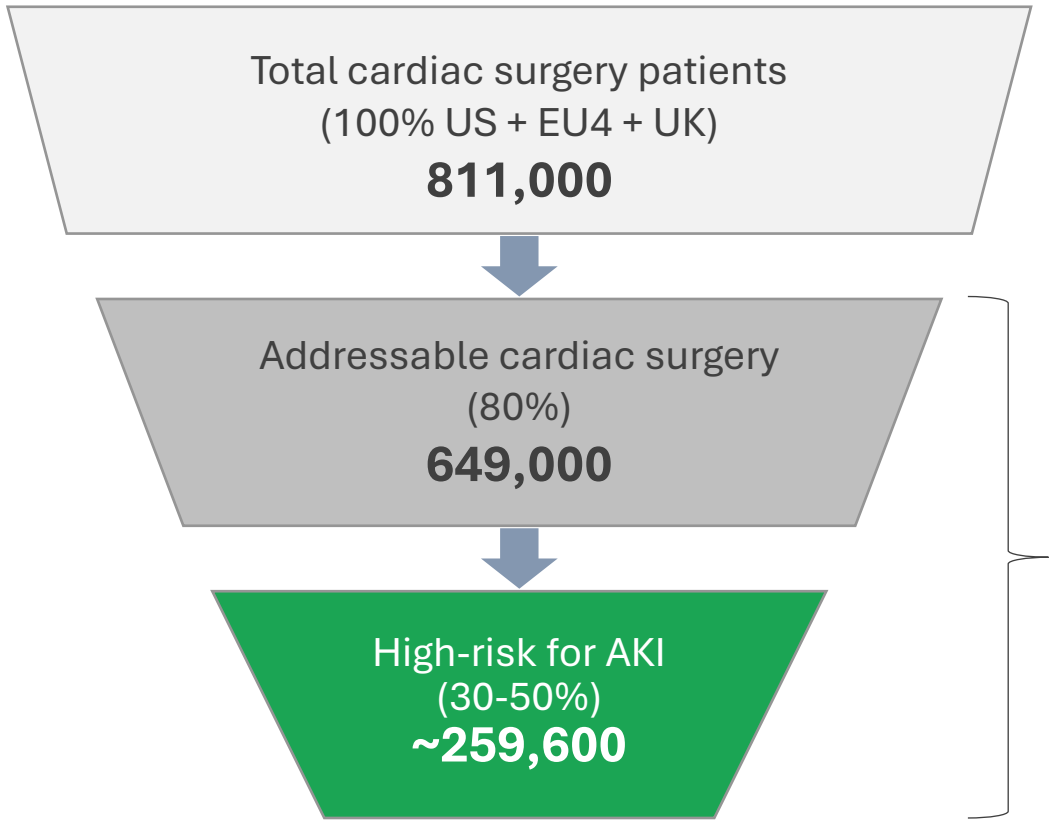
Market opportunity

Conservative base-case addressable patient population across US and Germany, France, Italy, Spain (EU4) + UK markets, with substantial upside in further geographies and label expansion[1]

Patient population — annual incidence[1]



Potential addressable market

Breakthrough Therapy Commercial Potential[1]

- First-in-class or best-in-class therapies can command substantial pricing premiums
- Premium pricing potential to be supported by transformative clinical benefit

Global AKI market[2]

- 7.6% CAGR
- ~US$3.5B (2026)

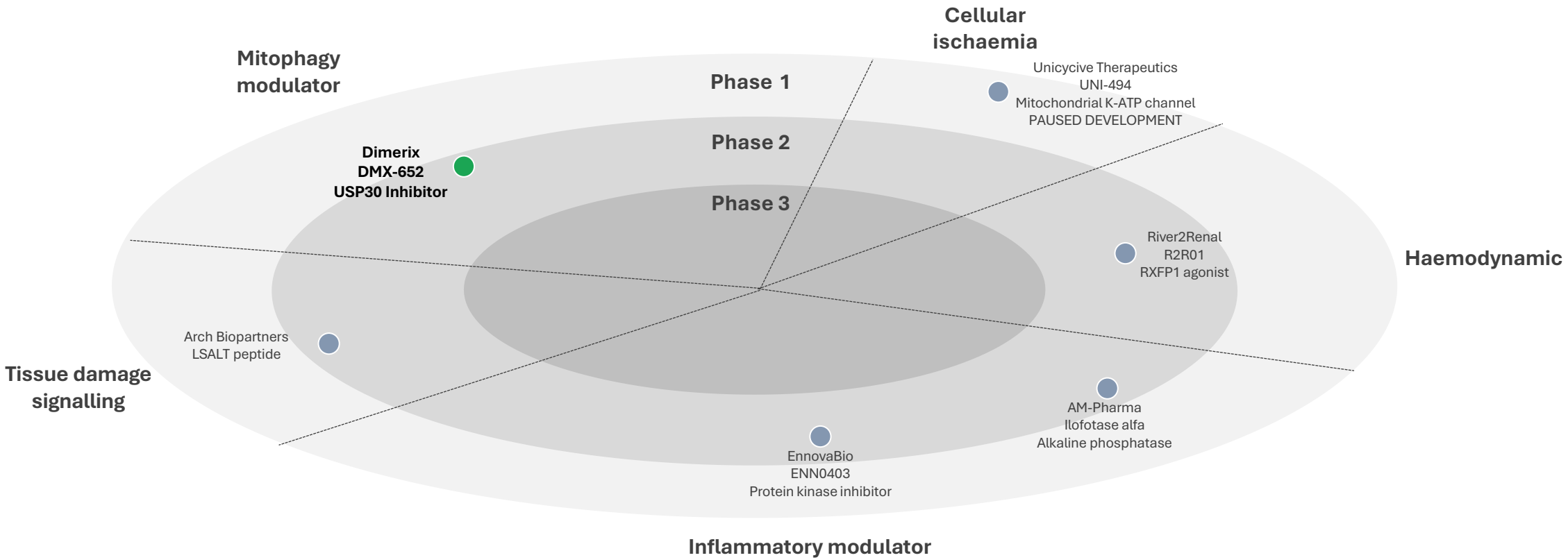
  ~US$7.1B (2036)

Dimerix

1. Michaeli DT (2024) Breakthrough Therapy Cancer Drugs and Indications With FDA Approval: Development Time, Innovation, Trials, Clinical Benefit, Epidemiology, and Price, Journal of the National Comprehensive Cancer Network; 2. Dimerix internal market analysis consensus figure based on meta-analysis of 21 market reports (2026) ; Includes China and Japan markets, label expansion into sepsis-associated AKI (SA-AKI) and contrast-associated AKI;

Competitive/complementary trial landscape in AKI

DMX-652's differentiated mechanism of action supports complementary use and the potential for superior or additive outcomes



Source: Company information and clinicaltrials.gov

DMX-652 Intellectual property

*The acquisition secures **owned composition-of-matter IP**, plus exclusive freedom-to-operate rights and regulatory exclusivity*

ACQUIRED · ASSIGNED TO DIMERIX

Composition-of-matter patent family

Directly covers DMX-652 (originally MTX-652) — a novel USP30-inhibitor compound; this is the core, 100% owned patent underpinning the asset

Granted in initial territories (incl. Japan) · US Notice of Allowance received

2041

Anticipated patent expiry

19

Territories filed worldwide

US · EU · Japan · China

LICENSED · EXCLUSIVE RIGHTS

Freedom-to-operate patents

An exclusive licence to specific USP30-inhibitor patent families secures DMX-652's freedom to operate — granted broadly across the US, Europe and Asia.

Licensed patents: PCT/GB2016/050851 · PCT/GB2019/050608

REGULATORY EXCLUSIVITY

New Chemical Entity exclusivity

≥5 yrs

US data exclusivity (NCE), from marketing approval

up to 7 / 10 yrs

US / EU, with orphan drug designation

Dimerix

Acquired (assigned to Dimerix): composition-of-matter family PCT/EP2021/064897, anticipated expiry 2041. Licensed (exclusive, freedom to operate): PCT/GB2016/050851 & PCT/GB2019/050608. Regulatory exclusivity anticipated on marketing approval; orphan drug designation not yet granted. DMX-652 was previously known as MTX-652 at Mission Therapeutics

DMX-652 acquisition terms

Acquisition agreement is heavily weighted to mutually beneficial success-based milestones; with relatively small upfront

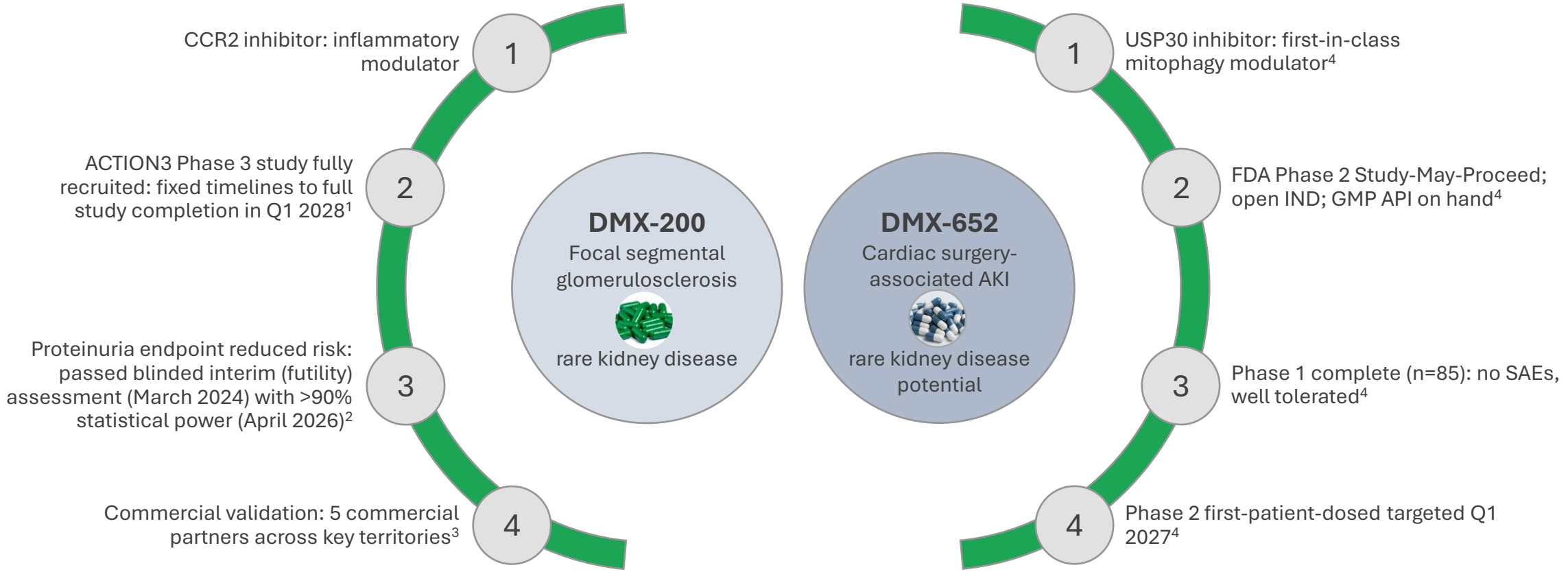
Dimerix will have sole ownership and control development of DMX-652

- **Upfront** acquisition payment of **US$5 million** within 30 days of signing
- Up to **US$47million** in potential **success-based development milestone** payments
- Up to US$240 million in potential post-approval milestone payments, comprising:
  - US$40 million on product marketing approval
  - US$25 million on marketing approval in a second indication
  - Up to US$175 million on certain sales milestones
- Dimerix will pay **8% - 10%** royalty on global net sales by Dimerix, or **2.5% - 5%** on net sales by a third-party licensee

In the event Dimerix elects not to proceed with development:
Mission has the first right to negotiate for return of the acquired assets

DMX-200 and DMX-652: complementary growth pillars

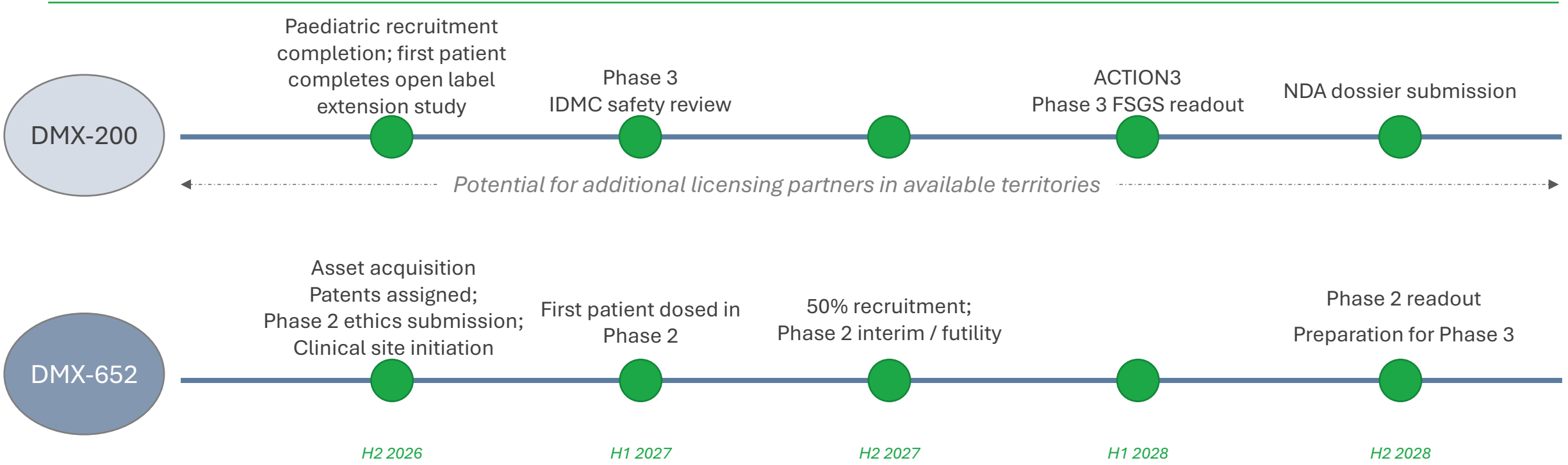
Strategic fit: shared renal capabilities, shared regulatory/clinical infrastructure, shared small-molecule know-how



1. ASX release 10 March 2026; 2. ASX releases March 2024 and April 2026; 3. ASX releases 05 October 2023, 27 May 2024, 07 January 2025; 01 May 2025 and 16 June 2026; 4. ASX release 17 July 2026

Key potential value inflection points

Disciplined, stage-gated capital deployment focused on the clinical value inflection[1]



Two clinically differentiated assets in renal disease, addressing two separate high unmet need indications with independent timelines; building a steady cadence of value-creating milestones

1. Based on current anticipated activities timeline

DMX-652: phase 2-ready asset with intrinsic value

- Open IND with FDA authorisation to commence the Phase 2 trial in CS-AKI patients

FDA – Open IND

- Protocol design developed with leading KOLs and approved by FDA — ready to execute

Phase 2 protocol approved

- Study start up anticipated H2 2026, first patient H1 2027 and interim analysis H2 2027

Near term inflection points

- 85 healthy volunteers dosed; no serious adverse events; well tolerated across single and multiple doses

Phase 1 complete

- Sufficient pharmaceutical-grade product for the planned Phase 2 trial

Drug product available

- Identified key opinion leader network; positive endorsement from leading CS-AKI experts

Expert network in place

- Patent family granted to ~2041; 5-7 year NCE exclusivity in US on approval

Robust IP position

- Leverages Dimerix's existing renal, regulatory, clinical and small-molecule capabilities

Strong strategic fit

Source: Mission Therapeutics MTX-652 due diligence package (2024-2026); Dimerix internal review (July 2026); CS-AKI – cardiac surgery related acute kidney injury

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

- DMX-652: Initiate Phase 2 in CS-AKI; potential to expand into other AKI, rare and or/renal populations
- Identify and progress additional new assets in renal and/or rare disease indications

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

Dimerix

(ASX:DXB)

A biopharmaceutical company developing innovative new therapies in areas with unmet medical needs, with a core focus on kidney diseases.

SCAN ME

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.

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