

MEXICAN COMPOSITION OF MATTER PATENT GRANTED FOR DIMERIX'S FIRST AND BEST-IN-CLASS ASSET DMX-652

Highlights

- Composition of matter patent granted in Mexico for DMX-652
- Strengthens Dimerix's global intellectual property portfolio for DMX-652
- Further enhances the commercial attractiveness and value of DMX-652
- Mexico's pharmaceutical market exceeds US\$15 billion, making it Latin America's second-largest and approximately twelfth-largest worldwide¹
- Preparations underway for DMX-652 Phase 2 clinical trial in the initial indication of acute kidney injury (AKI) associated with cardiac surgery²

MELBOURNE, Australia, 14 September 2026 – Dimerix Limited (ASX: DXB, "Dimerix") a clinical-stage biopharmaceutical company developing kidney disease treatments, is pleased to announce that the Mexican Institute of Industrial Property (IMPI) has granted a key composition of matter patent covering Dimerix's recently acquired asset, DMX-652.

Mexico's pharmaceutical market is estimated to be worth more than US\$15 billion, making it the second-largest in Latin America, after Brazil, and approximately the twelfth-largest worldwide.¹ The patent grant in Mexico strengthens the Company's commercialisation plan, further expands Dimerix's growing global patent portfolio for DMX-652 and complements the recently granted U.S. composition of matter patent,³ reinforcing the Company's strategy of securing robust patent protection in major pharmaceutical markets worldwide.

About the Composition of Matter Patent

The Mexican patent grant, entitled "*N-cyanopyrrolidines with activity as USP30 inhibitors*" and issued under patent number 438406, provides composition of matter protection for Dimerix's Phase 2-ready drug candidate DMX-652 until 03 June 2041.

Composition of matter patents are generally regarded as the strongest form of intellectual property protection available for pharmaceutical products because they protect the active molecule itself. The granted claims cover DMX-652, a first and best-in-class USP30 inhibitor currently being developed to prevent kidney injury and promote mitophagy, a natural cellular process that removes damaged mitochondria and supports cellular recovery.

"The grant of this composition of matter patent in Mexico represents another important milestone in building a strong global intellectual property portfolio around DMX-652.

Strong patent protection is fundamental to maximising the value of innovative pharmaceutical assets and is particularly important as we advance DMX-652 toward Phase 2 clinical development.

This granted patent further strengthens the long-term commercial opportunity for DMX-652 and supports its commercial attractiveness. We believe DMX-652 has the potential to address significant unmet medical needs in acute kidney injury and potentially other indications where mitochondrial dysfunction plays a key role."

Dr Nina Webster, CEO & Managing Director, Dimerix

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 260,000 across the major markets of United States, Germany, France, Italy, Spain and United Kingdom per annum,^{4,5} 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 acquisition² 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 planned Phase 2 trial is designed to investigate DMX-652's potential to prevent kidney injury and preserve renal function.

Authorised for lodgement with ASX by the Board of Dimerix.

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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.

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.⁶ 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,⁷ 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 Japan⁸.

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

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- 1 *Healthcare and Life Science Review: Mexico (2025)*, <https://pharmaboardroom.com/country-reports/mexico-pharma-report-2025/>
 - 2 ASX release 17 July 2026
 - 3 ASX release 23 July 2026
 - 4 Demirjian S, Bashour CA, Shaw A, et al. Predictive Accuracy of a Perioperative Laboratory Test–Based Prediction Model for Moderate to Severe Acute Kidney Injury After Cardiac Surgery. *JAMA* 2022;327:956–64. <https://doi.org/10.1001/jama.2022.1751>.
 - 5 Hobson C, Ruchi R, Bihorac A. Perioperative Acute Kidney Injury. *Crit Care Clin* 2017;33:379–96. <https://doi.org/10.1016/j.ccc.2016.12.008>
 - 6 Nephcure FSGS Facts (<https://nephcure.org/>)
 - 7 *Front. Immunol.*, (July 2019) | <https://doi.org/10.3389/fimmu.2019.01669>
 - 8 ASX releases: 14 December 2015, 21 November 2018, 07 June 2021, 30 September 2025