**For Immediate Release**

# DIMERIX DRAWS DOWN A$17 MILLION UNDER NON-DILUTIVE FUNDING FACILITY

- Initial drawdown of A$17 million completed under Dimerix's previously announced A$34 million non-dilutive funding facility[1]
- Drawdown represents 50% of the committed amount available to Dimerix
- Funding position considered sufficient to complete currently planned activities, including delivery of the ACTION3 Phase 3 trial of DMX-200 and continued advancement of the Phase 2 trial of DMX-652 in Acute Kidney Injury[2]
- Remaining A$17 million available for draw-down at Dimerix's election until 31 March 2027, subject to facility terms[1]
- Under the facility's terms, Dimerix has the option to secure up to A$50m in total commitments on or before 31 March 2027,[1] noting the Company currently has no plans to access this additional funding
- Funding significantly strengthens Dimerix's balance sheet and provides additional non-dilutive financial flexibility as the Company progresses key clinical and commercial milestones

MELBOURNE, Australia, 23 September 2026: Dimerix Limited (ASX: DXB, "Dimerix") a clinical-stage biopharmaceutical company developing kidney disease treatments, confirms that it has completed the initial drawdown under its previously announced A$34 million non-dilutive funding facility (ASX: 4 September 2026), receiving gross proceeds of approximately A$17 million.[1,3]

The drawdown represents 50% of the currently committed facility amount and is consistent with the Company's capital management strategy of accessing only the level of funding required to support planned operations, while maintaining flexibility to access additional capital in the future if required.

"The receipt of these funds further strengthens Dimerix's financial position and supports the continued execution of our key value-driving programs, including the ACTION3 Phase 3 study of DMX-200 and the advancement of DMX-652. Importantly, we have maintained our disciplined approach to capital management by drawing only 50% of the facility at this time. This minimises financing costs while providing significant flexibility to access the remaining committed funds should they be required in the future.

The facility is an attractive non-dilutive source of capital that allows us to advance our development and commercialisation activities while preserving value for existing shareholders. We thank our shareholders and stakeholders for their continued support as we progress our strategic and operational priorities."

*Dr Nina Webster, CEO & Managing Director, Dimerix*



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Following the drawdown, Dimerix retains substantial financial flexibility, with access to the remaining A$17 million of committed funding and the ability to increase total facility commitments to up to A$50 million prior to 31 March 2027, should additional capital be required to support strategic growth opportunities or accelerate development activities.[1]

**Funded for ACTION3 trial and DMX-652 development activities**

Based on the Company's present operating plans and anticipated expenditure, Dimerix confirms that it is funded through to completion of the ACTION3 Phase 3 trial in DMX-200, as well as the continued advancement of the Phase 2 clinical trial in DMX-652, through:[2]

- Existing cash reserves; and
- A$34 million via the binding Loan Agreements, with receipt of the initial 50% draw-down now complete and the remainder to take place at the Company's discretion on or before 31 March 2027.

The drawdown of the facility is anticipated to be repaid through existing future licensee milestone payment(s), potential new license fees and/or capital market access. Dimerix has secured five commercial partners across major markets, generating A$81 million in upfront payments received to date and creating the opportunity for a further A$237 million in development milestone payments ahead of commercial launch.[4]

The Company remains well positioned to continue focussing on licensing opportunities with potential partners in territories not already licensed for DMX-200.

**Advancing a Leading Kidney Disease Pipeline**

Kidney disease is among the fastest-growing causes of death worldwide and represents a significant and increasing healthcare burden. Despite this growing prevalence, many forms of kidney disease continue to have limited treatment options available for patients.[5,6]

Dimerix is uniquely focused on kidney diseases, with a pipeline designed to address significant unmet medical needs. The Company's lead program, DMX-200, is currently being evaluated in the fully recruited global ACTION3 Phase 3 clinical trial in patients with FSGS - a serious, rare kidney disease that can lead to kidney failure and the need for dialysis or transplantation.

Dimerix is also advancing DMX-652 for Acute Kidney Injury, a condition associated with significant morbidity, mortality and healthcare costs worldwide. The Phase 2 clinical program is designed to evaluate the potential of DMX-652 in preventing kidney injury and preserving renal function, following cardiac surgery.

**Potential catalysts**

As Dimerix advances its pivotal, fully recruited ACTION3 Phase 3 trial for DMX-200 toward what is anticipated to be a major value-creating event if successful, the Company has simultaneously strengthened its growth profile through the recent acquisition of DMX-652 and its ongoing advancement into Phase 2 clinical development. Progress and positive outcomes from the DMX-652 development program have the potential to create substantial additional shareholder value, diversify Dimerix's clinical pipeline, and deliver multiple near- and medium-term catalysts for investors.

*Authorised for lodgement 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. For more information, please visit the company's website at www.dimerix.com.

**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.[7] 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,[8] 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[9].

**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,[10,11] 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.

## References


1 *ASX release 4 September 2026*
2 *Based on current anticipated spend, activities and exchange rates; should activities, spend or exchange rates change, this could materially impact the cash runway of the Company*
3 *Based on 60 day Wall Street Journal average exchange rate of 1 USD = 1.4228 AUD from 1 July - 1 September 2026*
4 *ASX Investor Presentation released 06 August 2026*
5 *Editorial, Time to sound the alarm about the hidden epidemic of kidney disease, Nature 628, 7-8 (2024) doi: https://doi.org/10.1038/d41586-024-00961-5*
6 *The United States Renal Data System (USRDS) Annual Report 2023; (2022 & 2023 estimates based on average growth 2001-2021)*
7 *Nephcure FSGS Facts (https://nephcure.org/)*
8 *Front. Immunol., (July 2019) | https://doi.org/10.3389/fimmu.2019.01669*
9 *ASX releases: 14 December 2015, 21 November 2018, 07 June 2021, 30 September 2025*
10 *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.*
11 *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*